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AUTHOR Oaks, Muriel K.
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ABSTRACT

A study was done to determine the training needs of health occupations teachers in the state of Washington. Focus was on identifying the most important content for teacher training activities and the most acceptable formats for providing these activities. Data were collected via (1) telephone interviews of key health personnel from each state, (2) questionnaires mailed to health occupations teachers and their supervisors in Washington, and (3) telephone interviews of persons at Washington institutions of higher education. The mail survey results showed that health occupations teachers and their supervisors considered curriculum and instruction topics as the most appropriate content for teacher training activities. Activity formats rated as most acceptable were those that were minimally time consuming, such as workshops, or those that allowed a flexible use of time, such as independent study. (The appendix, comprising most of this report, includes the following: telephone interview and survey forms; teacher competencies rating instrument; sample letters; a summary of teacher training practices nationwide; a summary of the results from the Washington survey of teachers and their supervisors; and a report of the research data which includes suggested content and formats, suggestions for degree and inservice programs, information on institutions offering degree programs, and a profile of health occupations teachers in Washington.) (EM)

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FINAL REPORT

Project No. 498AH60004 (USOE)
Grant No. 77AWJ(161)NT (CVE)

DEFINING TEACHER EDUCATION FOR HEALTH OCCUPATIONS

Muriel K. Oaks, Author and Principal Investigator
Alberta D. Hill, Project Director
Department of Education
Washington State University
Pullman, Washington 99164

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DEFINING TEACHER EDUCATION FOR HEALTH OCCUPATIONS

Abstract

The major purpose of this study was to determine teacher training needs of health occupations teachers in the State of Washington. Focus of the study was on identifying the most important content for teacher training activities and the most acceptable formats for providing these activities. Related purposes of the study were to provide a profile of Washington health occupations teachers and to identify other states' practices in providing teacher training to their health occupations teachers. The study was primarily descriptive in nature, utilizing mail and telephone surveys to collect data.

Results of mail surveys showed that health occupations teachers and their supervisors considered curriculum and instruction topics most appropriate as content for teacher training activities. Research, and guidance and counseling topics were rated lowest. Activity formats rated as most acceptable were those that were minimally time consuming (e.g., workshops), or those that allowed a flexible use of time (e.g., independent study). The health occupations teacher profile provided a description of teachers' background, experience, and preparation.

Telephone surveys of health occupations specialists in each state revealed considerable variation in teacher training requirements and opportunities. Survey results discussed within the report include the topics of preservice activities, inservice activities, vocational certification, special techniques and activities, and teacher recruitment.

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CHAPTER 1

INTRODUCTION

National concern for adequate health care at reasonable cost has given rise to a significant demand for health workers trained at less than the baccalaureate degree level. One result of this need for workers has been an increase in vocational health programs in community colleges, vocational schools, and secondary schools, and a growing need for health occupations personnel to teach in these programs.

In the State of Washington, health occupations teachers are generally recruited from their health profession, with little or no preparation for or experience in teaching. Teaching skills are generally developed on an inservice basis. Health occupations teachers, together with new teachers from all trade, industrial, and technical fields, take a series of inservice courses designed to prepare them as vocational teachers. To date, no preservice programs designed specifically to prepare health occupations teachers have been available in Washington.

While other states have conducted studies to determine their health occupations teachers' needs for teacher training (Hole, Cole, and Kelly, 1977; Johnson, 1976; Schira, 1974; Smith, 1973), no such efforts have been made in Washington. The sizeable number of health occupations teachers in the State ($n \cong 450$) indicates a need for examining present teacher training efforts.

Statement of the Problem

Given the need for teacher training activities for the health occupations, a need remains for providing research data as a basis for program planning. Specifically, needs exist for defining what to include in teacher training activities and how they should be offered, for identifying teacher concerns related to inservice and degree programs, and for providing background information about teachers to be served.

Statement of the Purpose

The purpose of this study was to identify appropriate course content and delivery formats for teacher training activities for health occupations teachers in the State of Washington. The study was also designed to provide the basis for recommendations on in-service and degree programs, and to provide background and experiential data about health occupations teachers in the State.

Significance of the Study

An immediate benefit of this study will be the availability of results to teacher education program planners in the State of Washington. However, the growth of health occupations programs is not unique to Washington; the phenomenon is nationwide. A recent study (Oaks, 1977) revealed that concern about developing qualified teachers in the field is widespread. Results of the present study, procedures used, and survey instruments developed should all be adaptable to other states for defining teacher training needs and improving teacher education efforts.

A related attribute of this study is its application to teacher training efforts in the Trade and Industrial (T&I) division of vocational education. As in health occupations, T&I teachers are generally recruited directly from their occupation (in such diverse fields as building trades, cosmetology, electronics, welding, and graphics), with teaching skills developed on an inservice basis. With little adaptation, procedures and survey instruments from this study could be used to define teacher training needs in T&I, not only in Washington, but in other states as well.

Definition of Terms

Terms subject to various interpretations that are used throughout the study are defined as follows:

Competency. A level of skill or knowledge needed to perform a designated role, responsibility, or task.

Format. For the purpose of this study, any specific method or technique for providing education to health occupations teachers. Examples include college courses, workshops, short courses, independent study, and internships.

Health Occupations. Those occupations that require specialized training in applied biomedical sciences at less than the baccalaureate level. They include nursing and other allied health specialties.

Health Occupations Supervisor. A person who directly supervises one or more teachers in a health occupations program.

Inservice Education (training). Any teacher training taken after an instructor begins teaching. For this study inservice refers to teaching techniques and skills, but not training in the health occupations service area.

Preservice Education (training). Teacher training taken by new teachers prior to actual teaching experiences. For this study only teaching skills and techniques are considered.

Teacher Education (training). Activities and experiences which help qualify a person to enter the educational profession or to become a more effective member of the profession; the term refers to both preservice and inservice activities.

CHAPTER 2

REVIEW OF LITERATURE[1]

Nursing assistant programs in high schools, radiologic technology classes in community colleges, dental assistant programs in vocational-technical institutes--each program is part of health occupations. No matter what the level or the occupation involved, each type of health occupations program requires teachers who are trained, experienced (and usually licensed or certified) health specialists. But when the registered nurse, or radiologic technologist, or dental assistant is hired as a teacher by an educational institution, they take a significant step in a new direction. They have entered the world of curriculum and instruction, tests and measurements, androgogy and pedagogy. They are educators.

Becoming a professional educator, however, requires more than accepting a teaching position. It requires a whole new set of skills in such areas as developing courses, evaluating students, and becoming part of a teaching faculty. For those health specialists who enter teaching with no background in educational psychology and techniques--and those teachers are the majority--opportunities must be available for developing those new educational skills.

A review of related literature provides valuable information about previous research and the thinking of leaders in the field on topics related to this study. This chapter will summarize that information under three major headings:

1. Defining program content in terms of competencies.
2. Identifying alternative ways to offer teacher education activities.
3. Relating to health occupations teachers as adult learners.

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[1]With minor modification, the reveiw of literature in this chapter was taken from the principle investigator's doctoral dissertation, entitled "A Comparison of Perceptions Between Teachers of Vocational Health Programs and Their Supervisors Toward Health Occupations Teacher Education Activities." While the dissertation had a narrower scope than this research, the comprehensiveness of the literature review makes it equally applicable to both reports.

Definition of Program Content

The Movement toward Competency Based Teacher Education

Like other types of curricula, programs of teacher education have often been defined by course titles. To become certified or qualified, a teacher was required to complete specified courses, such as:"Foundations of Vocational Education," "Techniques of Teaching Health Occupations," or "Educational Psychology." By defining courses in this way, teachers were required to take the same courses, study the same material, and spend the same amount of time in class, regardless of previous experience. The result was a rather rigid system designed for the "average" teacher.

Within the last decade, a significant trend in education has been the move toward defining curriculum in terms of the needed competencies of the learner. In theory, at least, the competency base allowed more flexibility: if a learner could show that various competencies had already been attained by previous experience or courses elsewhere, no further study on such topics was required. Additional required competencies could be gained in a variety of ways; through traditional courses, individualized learning modules, field experiences, and other means.

The move toward competency (or performance) based teacher education was especially strong in vocational education, spearheaded in large part by the extensive study by Cotrell and his colleagues (Cotrell, Bennett, Cameron, Chase, Molnar & Wilson, 1971) at Ohio State University. They defined competencies for all areas of vocational teachers by using occupational analysis and critical incident techniques. The 226 performance objectives that were developed were used as the basis for a series of modules for vocational teacher training. Another competency based curriculum for vocational teachers was developed by Wayne State University (VAE, 1972) for a precertification program.

Modules also have been developed specifically for training health occupations teachers. In Iowa, Holloway and Bailey (1971) reported a model inservice program of teacher education based on competencies identified for postsecondary health occupations educational personnel. Another seven instructional modules were developed by Higley and her associates, reported in the "Manual for Health Faculty Development in Short Term Education Programs" (Higley, Hanavan, King & Wilson, 1976). The latter modules were created for the development of faculty in both healthcare facilities and academic institutions.

Research Techniques Used to Identify Competencies

Studies to identify competencies for various levels of vocational teachers seemed to be dominated by survey methods. Variations on the technique were employed by researchers examining competencies needed by teachers in all vocational areas.

Questionnaires were the most common technique used to gather data for competency identification, but the populations receiving the instruments varied. Several studies surveyed the vocational teachers only, not comparing opinions with any other group. The instrument used by Erpelding (1972) allowed teachers to rate the level of proficiency required for various competencies, the proficiency attained, and the optimal setting for attaining the proficiency. In a similar vein, Reinmuth (1974) determined teachers' need for professional development by comparing how proficient they felt they should be with how proficient they felt they were. Still another variation was the study by Lovelace (1975) that compared the perceived importance of tasks with the time actually spent on such tasks.

A comparison of vocational teachers among all vocational areas was performed by Lindahl (1971). He used factor analysis of questionnaire data from teachers in four states to discover commonalities in educational competencies.

Comparisons of perceptions between postsecondary teachers and administrators were employed by Smith (1973), Uche (1973), and Rydzik (1972) to determine competency needs for vocational teachers. To reach the same goal, Shahabi (1974) compared the perceptions of instructors and students.

A comparatively innovative research design was employed in Canfield's (1972) study to determine competencies for allied health instructors. A list of competencies was synthesized from the work of an ad hoc advisory committee, thus using the expert opinion approach.

Comparisons of perceived needs with actual activities were reported by Michaelis (1976) and Culligan (1973). Results of both studies were used as the basis for inservice program planning for vocational educators at the secondary and vocational-technical school levels.

In research specific for the health occupations, Johnson (1976) compared health occupations teachers with teacher coordinators on their perceptions of teachers' inservice needs. Arlton (1975)

used a critical incident technique by students to determine their teachers' professional education needs. Schira (1974) studied the same problem by comparing the perceptions of teachers and their employers. The questionnaire used by Schira contained knowledge and ability item statements modified for health occupations teachers.

The multiplicity of research which examined competencies for vocational teachers showed the widespread concern for validating competency statements for each audience studied. Researchers reaffirmed the audience interest in and need for competencies before the program was developed. This tendency was confirmed by a review of vocational education research (Peterson, 1973) which concluded that there was need for on-going evaluation on determining the appropriateness of vocational teacher competencies, both professional and technical. The research also showed precedence for the use of questionnaires to gather data, and for comparing perceptions of related groups to validate responses.

Identification of Ways to Offer Programs

Historically as a part of the Trade and Industrial (T&I) division of vocational education, health occupations shared with the rest of T&I a tradition of noninstitutional teacher preparation. But the literature revealed a variety of ways, traditional and nontraditional, that health occupations (and T&I) teachers might be prepared. Some programs resulted in a specific degree, from associate of arts to graduate degrees. Other studies described specific methodologies used to offer programs for inservice training.

Degree Programs

Professional development of vocational teachers has been the focus of programs in several states. Special attention was given to the involvement of colleges and universities in professional development adtivities.

Glen (1974) described a two-year associate degree available for vocational teachers. The preservice and inservice courses given to T&I teachers resulted in an associate degree to those within commuting distance of a community college.

Storm (1971) reported a program which allowed potential vocational teachers to complete a two-year technical program in the School of Technical and Applied Arts, then transfer to the School of Education. With the addition of field experiences for practice teaching, students graduated as vocational T&I teachers.

In Ohio, a coordinated system of college courses and individualized programs were developed for T&I teachers (Reese and Orr, 1971).

A teaching internship program for developing community college teachers was described by Reese (1972). It was a postbaccalaureate program--students taught classes in a two-year college while working on a graduate degree.

Teacher education programs specifically for health occupations teachers were also reported. Iowa developed a system in which health occupations teachers were assisted throughout the state by professionals in a dual role: the health occupations teacher educators at the state university also served in the state agency as the professional staff for health occupations education. They not only assisted with program development statewide, but also took responsibility for upgrading the skills of health occupations teachers (Kerr, 1974).

The University of Kentucky (Center for Learning Resources, 1972) offered an educational ladder for health occupations teachers. Teachers could receive credit for previous experience, then take courses toward a baccalaureate degree in education (or business courses for administration). Graduate degrees were also available.

In the health occupations, approximately 17 states reported having preservice programs specifically developed for training health occupations teachers (Oaks, 1977). A review of several of these programs was provided by Franken (1975), who examined the current "state of the art" as a basis for program planning in Wisconsin. Franken concluded that what was needed in a health occupations teacher training program was "a meld of the (technical) competence and (occupational) experience in a subject area, and the ability to transmit this knowledge of subject to students in an effective manner" (p.1-4).

Regardless of the level of teacher education program, previous studies and reports of programs established precedence for the development of programs that granted college credit and resulted in a specific degree.

Methods for Inservice Programs

An examination of methods used to present inservice programs to vocational teachers revealed a variety of techniques that were used with success. Bloom (1973) analyzed several practices in common use. He found that reading occupational and professional education journals, meetings with other occupational instructors, observing employees in their own occupational area, and formal staff meetings were the techniques most widely used by the vocational community college instructors studied in his sample. Least utilized were long and short term workshops, national level professional meetings, and research.

Effective audio-visual techniques were described. Harrington and Doty (1971) reported the use of micro-teaching and video recording methods. Cameron (1969) assessed the effectiveness of various types of remote methodologies.

Not only the cognitive, but also the affective domain was studied for effective inservice techniques. Klabenes (1971) studied behavior changes of vocational teachers in the classroom as a result of a workshop. A self-examination method for developing human potential was described by Blake and Taziri (1971). They used a group encounter experience for health occupations teachers as a technique for professional development.

Other techniques developed specifically for health occupations teachers were described. Anderson (1971) reported on-the-job training techniques used with training supervisors for allied health personnel. Holloway (1970) served as project director for program involving health occupations personnel from across the nation. Workshop participant input resulted in planning guidelines for a variety of short-term teacher education activities.

Health Occupations Teachers as Adult Learners

When planning educational experiences for teachers, the questions often arise: "What motivates adult learners?", "How do they learn?", "How can they be involved in the learning process?" Some useful answers have been provided by Malcolm Knowles (1970, 1973) and other adult educators whose reserach has investigated how and why adults learn.

In his work, Knowles has stressed the concept of androgogy, as opposed to pedogogy. The latter term, by virtue of its derivation, literally refers to the teaching of children. Androgogy, on the other hand, is used to refer to the art and science of helping adults learn. Knowles' book, "The Modern Practice of Adult Education" (1970), cited four assumptions about androgogy and discussed their technological implications. The information seems especially pertinent to the planning of preservice and inservice programs for teachers.

Knowles' first assumption was that the self concept of adults causes them to resist learning under conditions that are incongruous with their perceptions of themselves. In other words, they resist situations in which they are treated like children. The technological implications of this assumption are that:

1. The learning climate should be designed to make the adult learner feel at ease.

2. Self diagnosis should be used to determine needs for learning. Ideal models of performance should be provided, so learners can compare their present level of competence with what is ultimately expected.

3. Diagnosed needs must be translated into educational objectives, experiences must be designed to achieve the objectives, and achievement of the objectives must be evaluated.

The second assumption about androgogy was that the experiences of adults are vital to their self concept and must be addressed in situations involving learning. Adults tend to have more to contribute to learning, a richer foundation on which to build, and habits that are more fixed. The technological implications are that:

1. Instructional strategies that emphasize experience should be utilized. Examples might be group discussion, simulation exercises, action projects and work conferences.

2. The practical application of learning to the everyday lives of the learners should be emphasized.

3. Participants should be helped to learn how to learn by analyzing their own experiences. Examples of appropriate techniques are sensitivity training and collaborative experiences with colleagues.

A third assumption was that adults continue to experience developmental periods in their lives, resulting in a readiness to learn that is based primarily on the evolution of social roles, such

as selecting a mate, rearing children, achieving social responsibility and planning for retirement. Technological implications are that:

1. The timing of learnings should be in tune with the development of learners, rather than at the convenience of institutions.

2. The grouping of learners may be homogenous or heterogenous, depending on the type of learning. A variety of subgroups will often allow students to discover others at a similar stage of development.

Knowles' fourth assumption was that adults tend to enter a learning situation in a problem-centered frame of mind, in comparison with the subject-centered focus of children. The implications are that:

1. Educators who serve adults should be person-centered, with an emphasis on helping people learn, rather than on subject matter.

2. The curriculum for adults should be organized around problem areas, not subjects.

3. The design of learning experiences should be focused on the problems and concerns of the adult learners as they enter the course.

Health occupations teachers no doubt parallel all adults in their desire to be treated as adults, rather than children; in their rich experiential base; in their continued development based on social roles; and in their focus on problems, rather than subjects. Knowles' suggestions for the design of curriculum based on these assumptions about how adults learn provide a logical base for those who might plan educational programs for teachers in the health occupations.

Summary

The literature cited in this chapter provides a rich source of information about developing teacher training activities in vocational education, especially in the health occupations area. Strong precedence has been shown for using competencies to define

content for teacher education, and for employing the technique of comparing the opinions of teachers and their supervisors. A wide variety of formats for offering degree programs and inservice activities have been reportedly used with success in some states. The potential for adoption or adaption of these techniques by other states seems obvious. And finally, the research on how adults can be motivated and how they learn has signficant implications for the design of teacher training activities in any field.

CHAPTER 3

RESEARCH PROCEDURES

As written in the research proposal, the basic objective of this study was to "define the appropriate content, delivery systems (activity formats), and teacher recruitment techniques for health occupations teacher education programs for the State of Washington." The research proposal called for the final product of the study to be a document which would provide pertinent research data for those who might plan teacher training activities for health occupations.

The study was primarily descriptive in nature, utilizing reviews of literature, mail surveys, and telephone surveys as the major means of collecting data. Procedures used to collect data are detailed in this chapter. To clarify the discussion of procedures the chapter is separated into three parts, representing the major procedures of the study:

1. Survey of States (Telephone Survey)
2. Teacher and Supervisor Surveys (Mail Surveys)
3. Survey of Institutions (Telephone Survey)

A similar format will be used to discuss each procedure; discussion will be based on the following topics for each survey employed:

1. Development of the Survey Instrument
2. Selection of the Survey Population
3. Data Collection Process
4. Analysis Procedures

Survey of States

Rather than starting "from scratch" in defining health occupations teacher training needs for Washington, an attempt was made to build on activities being carried out in other states. Personnel with expertise in health occupations from each state were contacted by telephone for information about their state's programs.

Development of the Survey Instrument

A telephone interview form (Appendix A) was prepared in consultation with specialists in survey development, vocational education curriculum development, and health occupations education at Washington State University. The instrument was pilot tested in preliminary interviews with the health occupations state supervisors in Washington and Idaho.

In its final form the telephone interview instrument included questions on the following topics related to health occupations teacher education:

1. Preservice Activities
2. Inservice Activities
3. Credit for Teacher Training
4. Vocational Certification
5. Ways to Offer Teacher Training in Remote Areas
6. Teacher Training for Student Organizations
7. Teacher Training for Special Needs Students
8. Teacher Recruitment

The first page of the survey instrument provided designated spaces for the name, title, telephone number, and mailing address of the health occupations specialist being contacted. Spaces were also provided for the date and time of the telephone interview, the interviewer's name, and (if necessary) an explanation of why the interview failed to take place (e.g. interviewee not in, line busy). The front page also contained a suggested format for the interviewer's introduction and explanatory remarks about the study being conducted.

The instrument consisted of 18 items. Anticipated responses to each item were provided so answers could be easily circled by the interviewer. Ample space for comments and/or alternate responses were provided for each question. When an answer indicated the need for further detail in the response, an expanding question was included in the instrument following the main item (i.e., "Could you describe your efforts in this area briefly?"). Following the first 17 items, which solicited information about the state's activities, the final question asked the interviewee if they would like to receive a summary of the results of the project.

Selection of the Survey Population

To make the survey as comprehensive as possible, each state and the District of Columbia were included. Contact persons in each state were identified from a U.S. Office of Education list entitled "Directory of State Officials Responsible for Health Occupations Education." In some cases, the person originally contacted suggested someone else in their state as a more appropriate candidate for the telephone interview.

Data Collection Process

Prior to conducting the telephone interviews, letters were sent to selected state contact persons, describing the research project and giving an approximate time for the interview (a copy of the letter is included with the survey instrument in Appendix A). Interviews were conducted by members of the project staff in December, 1977, and early January, 1978.

Analysis Procedures

Results of each interview were recorded on the telephone survey form as the interview was conducted. Responses were tabulated manually and analyzed by frequency.

Teacher and Supervisor Surveys

The adult educator, Malcolm Knowles (1970), suggested several sources of data for determining the educational needs of adults including (1) from the individuals themselves, (2) from people in "helping roles" with indivudals (the people to whom the target group brings their problems), and (3) from professional literature. This study followed Knowles' suggestions in conducting mail surveys to collect dara. First, a list of various teacher competencies and activity formats were developed from reports of previous research in the professional literature. Next, the lists were incorporated into questionnaires mailed to the health occupations teachers (i.e., the individuals themselves) and to their immediate supervisors (the people in "helping roles").

Development of Survey Instruments

Two mail questionnaires, one for Washington State health occupations teachers and one for their supervisors, were developed in consultation with various specialists at Washington State University. One of these specialists was a sociologist with a national reputation as an expert in survey instrument development. In addition, drafts of the questionnaires were reviewed by specialists in vocational-technical education, curriculum and instruction, research and statistical design, and health occupations. In all, copies of the instrument were reviewed and critiqued by at least 17 individuals with various kinds of related expertise.

Before final drafts were prepared, the instruments were pilot tested using a sample of health occupations teachers in Idaho, and, in one case, a former instructor living in Washington. Several changes were made in the final products to take advantage of the comments and suggestions made by the pilot test individuals.

Instruments and their cover letters were also examined by the Human Subjects Review Committee at W.S.U. in order to comply with the university policy requiring committee approval of all procedures involving human subjects. Both documents were approved by the committee. Copies of the instruments and cover letters can be found in Appendix B (teachers' survey) and Appendix C (supervisors' survey).

Final drafts of both instruments were divided into five parts. Each item in Parts I, II, and III solicited a response based on a five point Likert scale, with a score of 1 representing a strong negative feeling toward the item (i.e., strongly disagree, not at all important, no need, not at all appropriate, not at all feasible) and 5 denoting a very positive feeling (i.e., strongly agree, very important, high need, very appropriate, very feasible). For each scale, a score of 3 represented a neutral feeling about the item and zero (0) indicated that the respondent did not feel they knew enought about the item to answer it.

Part I contained items concerning teacher education opportunities then available to, or considered as future possibilities for, health occupations teachers in the State. As a group, the items in Part I were designed to achieve three objectives:

1. provide an introduction to the topics which would be further examined within the survey,

2. evoke an emotional response by confronting current issues among health occupations educators,

3. provide data which was directly related to the purposes of the research in defining appropriate content and formats for health occupations teacher education activities.

Responses to the items ranged from strongly disagree to strongly agree.

Part II of both surveys contained items dealing with teacher education competencies for health occupations educators, listing a total of 28 specific competencies in the areas of curriculum development, instruction, administration and management, guidance and counseling, and research. Respondents were asked to rate the items on each of two scales:

1. opinions about how important it is for health occupations teachers to have each competency,

2. opinions concerning teachers' need for training to develop the competency.

On the second scale, teachers were asked to rate their own needs for training, while supervisors were requested to rate the general training needs of health occupations teachers under their supervision.

Competencies selected for Part II were developed from findings of previous studies (Arlton, 1975; Holloway & Bailey, 1971; Johnson, 1976; Morgan & Canfield, 1972; Schira, 1974) designed to identify appropriate educational competencies for teachers in the health occupations. First, a master list, synthesizing common items from the previous studies, was developed. Next, items on the master list were rated for importance by a panel of specialists in the field of health occupations education. (A list of these specialists and the instrument used for rating items is included in Appendix D.) Finally, the list was reduced to a total of 28 items for inclusion in the survey instruments.

In Part III, the item statements identified various formats which might be used to offer teacher education activities. Methods already in use, representing those with which the respondents might be most familiar, were included: workshops, short courses; courses meeting 2-3 times per week, once a week, or once a month or less for one quarter or semester; independent study; internships; or individual assistance. Both teachers and supervisors were asked to rate the eight methods according to two scales:

1. feelings about how appropriate the method would be in meeting teachers' needs for teacher training (for teachers, their personal needs; for supervisors, the needs of the health occupations teachers they supervised),

2. feelings about how feasible the method would be within the present resources of the state.

For all items in Parts II and III, the double scales provided a validity check on responses. As an example, a decision by future curriculum developers as to what content would be most appropriate for health occupations teacher education activities might be appropriately based on those items which were considered to be both important for teachers in the field to have, and needed for teachers to develop. It was assumed that items rated highly on one scale but not on the other would be relatively less critical as subject matter than those that were rated highly on both scales.

Part IV of the instrument included descriptive information about both populations, although more items of this nature were included on the teachers' survey than on the supervisors' survey. Most items in Part IV of both surveys were of the multiple choice type.

Supervisors were asked about their type and level of employment, their vocational background, the section of the state where they were employed, and the types of health occupations programs they supervised.

Descriptive items on the teachers' survey covered four topics:

1. Present Teaching Assignment
2. Demographic Information
3. Teaching and Non-teaching Work Experience
4. Past, Present, and Future Education

As part of their present teaching assignment, teachers were asked at which level they were employed (secondary, VTI, or community college), and whether they were employed fulltime or parttime. They were also asked to identify the health occupations program for which they taught, and the section of the state in which they were employed. Demographic data was limited to the teachers' age and sex.

Several items alluded to respondent's work experience. Teachers were asked to specify their total years of non-teaching work experience in their health specialty, their total years of teaching experience (classroom, clinical, and inservice at all levels), and their years of teaching experience at each level (e.g., secondary, vocational school, community college, 4-year college, or clinical). A related item asked the teachers' future plans for teaching in the health occupations.

The final descriptive items on the teachers' survey referred to respondents' past, present, and future education. One question asked teachers to identify their highest educational level when they first started teaching (possible responses ranged from hospital program graduate to doctorate). The next item, using the same possible responses as the previous question, asked for teachers' present educational level. Teachers were also asked whether or not they were (at the time of the survey) working toward a degree, and if so, they were asked to identify the degree and to specify the insitution they were attending. Teachers not working toward a degree were asked to identify reasons which might motivate them to pursue a degree. Five possible reasons were offered (e.g., institution closer geographically, could get credit for previous experience), and space to write in other reasons was provided. Teachers were also asked whether or not they were enrolled, or anticipated enrollment in some type of professional improvement activity. Those who responded positively were asked to identify their reasons for enrolling. Five reasons were offered (certification, personal enrichment, advancement on salary schedule, job protection, and gain information for job), and space was provided to write in other reasons.

Part V of both teachers' and supervisors' surveys was entitled "Questions We Didn't Ask." Respondents were provided most of the back cover to share comments, opinions, and/or suggestions concerned with health occupations teacher education.

Selection of Survey Populations

Collection of data about what should be included in teacher training activities for the health occupations, and how such activities might be offered, involved two populations from the State of Washington:

1. the entire population[2] of fulltime and parttime instructors teaching in health occupations programs at public community colleges, secondary schools, and vocational-technical institutes (VTIs),

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[2]While all public secondary schools, vocational-technical institutes, and community colleges were invited to participate in the study, a portion of the health faculty at one community college (n=5) elected not to become involved. At a second college the decision for faculty members not to participate was made by the health occupations supervisor.

2. the entire population of health occupations program supervisors at public community colleges and VTIs, and those secondary vocational directors responsible for supervising one or more health occupations programs in their school district.

Permission to approach the populations for participation in the study was obtained from state agencies which administer vocational programs for the State of Washington. These agencies included the Office of the Superintendent of Public Instruction (SPI), responsible for programs in the secondary schools and VTIs, and the State Board for Community College Education (SBCCE), which administers programs in the State's public community colleges. At SPI, the Health Occupations Program Specialist, under the direction of the Assistant Superintendent, Division of Vocational-Technical and Adult Education Services, served as the contact person for this research. The corresponding contact at SBCCE was the Vocational Education Coordinator responsible for supervising the staff development programs for community college vocational educators statewide.

Two approaches were used to obtain names and addresses of participants. For secondary teachers and vocational directors, lists containing the information were supplied by SPI. For community college and VTI information, letters describing the research project, explaining the procedures to be used, and inviting comment were first sent to the vocational director at each institution. A copy of the letter can be found in Appendix E. Next, the researcher contacted the health occupations program supervisors of each institution by telephone to describe the research and request a list of names and addresses of faculty members teaching in health occupations programs.

Data Collection Process

Initial mailing of survey instruments occurred during the week of March 13-17, 1978. To simplify follow-up and data analysis procedures, several preliminary steps were taken. First, instruments were color coded for easy visual identification: Teacher surveys were printed with a gold cover and supervisors' surveys with white cover. Next, instruments were numerically coded to identify each recipient so that follow-up procedures could be used.

When mailed, each instrument was accompanied by a business reply envelope and cover letter. Because the number of teachers was so large (n=422), individual inside addresses were not used;

each letter was addressed as "Dear Health Occupations Teacher." However, each letter was personally signed in blue ink by the researcher, and individually typed envelopes, not address labels, were used to increase the "personal touch" to each recipient. The relatively smaller number of supervisors (n=49) allowed the use of personal inside addresses on the cover letters for that group. Copies of both cover letters have been included in Appendix B (teachers') and C (supervisors').

A postcard follow-up was sent to all nonrespondents three weeks after surveys were mailed. Cards were mass duplicated but individually signed by the researcher and individually addressed.

A second follow-up was conducted approximately three weeks after the first. This second mailing consisted of a letter with a personal inside address and original signature, plus a second copy of the survey instrument and another business reply envelope. Copies of the follow-up correspondence can be found in Appendix F.

Analysis Procedures

As completed returns from teachers and supervisors were received, responses were transferred by keypunch onto computer cards. Accuracy of the keypunch operation was confirmed by a two-person check of questionnaire responses against a computer printout of keypunched data.

Results were processed at the Computing Center of Washington State University using the program "Statistical Package for the Social Sciences" (Nie, Hull, Jenkins, Steinbrenner & Bent, 1975). Results were analyzed by frequency and percent; in some cases, median scores were calculated. For some items, crosstabulations were used to compare responses on one item with those on another. Competencies and teacher education format options were assigned to one of three categories (high priority, moderate priority, and low priority), referring to their recommended priority in planning teacher education programs for health occupations teachers in Washington State. Assignments were made according to criteria based on median values for both scales (i.e., importance and needs for competencies, appropriateness and feasibiliby for ways to offer activities).

Survey of Institutions

One of the objectives of this study was to determine what programs already existed that might be appropriate for health occupations teachers who wanted to improve their educational expertise. Telephone interviews of individuals at Washington institutions of higher education were conducted to gather the information.

Development of the Survey Instrument

Using the term "instrument" to describe the data-gathering tool for this portion of the study may be defining the word rather broadly. The instrument consisted of a single question: "What programs does your institution offer that might be of interest to health occupations teachers in the State who are interested in improving their educational expertise?"

Separate pages were provided for responses from each institution.

Selection of the Survey Population

Personnel at institutions of higher education listed in the "Washington Education Directory" (1977) were contacted for the survey. In many instances, persons at more than one department per institution were contacted.

Data Collection Process

Telephone calls were made by the principle investigator between May and August, 1978. Following an introduction to the purposes and procedures of the study, interviewees were asked about pertinent programs at their institution. Depending on what programs were available, additional questions were asked about offering credit for experience and specific degrees offered.

Analysis Procedures

Results were tabulated by hand and analyzed by frequency.

CHAPTER 4

RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

Mail and telephone surveys were the primary procedures used in this study to determine what to include in teacher training activities for the health occupations and what formats to use. This chapter provides results of the study, and includes a discussion of conclusions and recommendations.

Results

Findings of the study are presented in three parts, reflecting the main procedures employed:

1. Survey of States
2. Teacher and Supervisor Surveys
3. Survey of Institutions

In some cases, summaries of results are presented in the chapter, with reference to further detail in the appendices.

Survey of States

Health occupations specialists from 50 states and the District of Columbia (n=51) were contacted by telephone to determine a "state of the art" in health occupations teacher education nationwide. Findings covered a broad range of related topics.

Preservice Activities

On items related to preservice activities, 27 states were found to require teacher training activities for health occupations teachers before they began teaching. Seventeen states reported the

existence of a preservice teacher preparation program specifically designed for health occupations teachers. Fifteen more states indicated that a preservice program for trade and industrial teachers, open to health occupations teachers, was available.

Inservice Activities

Various inservice formats were utilized by states in providing teacher training to health occupations teachers. Formats and the number of states reporting their use are presented in Table 1. Each type of inservice activity listed was reportedly being used by more than half of the states. The most commonly used were college courses offered on or off campus. Least utilized were short-term activities for specific groups.

Table 1

Frequency of Inservice Formats Reported Used by States to Offer Teacher Training to Health Occupations Teachers

Inservice Formats	Frequency
Formal college courses offered on campus	50
College courses offered off campus	46
Help from state office personnel	45
Independent study opportunities	39
Concentrated, short-term courses leading to vocational certification	38
Internships or other field-based activities	30
Short-term activities (workshops, seminars) for specific occupational groups	27

In a related item, a teacher educator with primary responsibility in health occupations was reported by 21 states. Several of those states reported more than one health occupations teacher educator.

Credit for Activities

Interviewees were asked if opportunities were available in their state for teachers to earn credit for teacher training activities. Forty five states reported that teachers could earn credit for at least some activities--credit that could be applied toward an undergraduate or graduate degree. The opportunity for health occupations teachers to go from one degree level to the next with no significant loss of credit was reported by 31 states.

Vocational Certification

Vocational certification was reportedly required of health occupations teachers (at the secondary or postsecondary level, or both) in 49 states. Previous educational experience or preparation was evaluated by 37 states in lieu of teachers having to take courses required for certification.

Special Techniques and Activities

Forty states reported using special techniques for providing teacher training in relatively isolated areas. The most common techniques reported were traveling teacher educators and/or extension courses, courses or workshops offered by regions within the state, independent study modules, and various audio-visual techniques.

Special activities for training health occupations teachers to incorporate student organizations (such as VICA, Vocational Industrial Clubs of America, and HOSA, Health Occupations Students of America) into their programs were reported by 27 states. The most common formats used were workshops and college courses.

Forty states offered opportunities for health occupations teachers to learn to serve students with special needs. Workshops and courses were again the most common formats used.

Teacher Recruitment

The most frequently reported sources for recruiting teachers into health occupations programs were health care institutions, newspaper advertisements, and state office personnel. Ten states reported making special efforts to recruit teachers of the opposite sex in those programs where one sex traditionally dominates in number. Specific techniques for such recruitment were seldom identified by the interviewees, although several contacts indicated a need to expand the number of the "nontraditional sex" in the occupational pool (generally a need to encourage male enrollments into health occupations programs).

NOTE: A summary of the results, conclusions, and recommendations of the survey of states was sent to the contact person (interviewee) from each state. A copy of the summary and it's accompanying cover letter are presented in Appendix G.

Teacher and Supervisor Surveys

Mail surveys were used to determine the opinions of Washington health occupations teachers and their supervisors concerning what content should be included in teacher training activities, and how the activities should be offered. Teachers were also asked for descriptive information about their background, experience, and preparation. This section of the report presents the findings of the mail surveys in six parts:

1. Response Rates
2. Teacher Education Opportunities
3. Content for Teacher Training Programs
4. Ways to Offer Activities
5. Background, Experience, and Preparation
6. Comments from Respondents

Response Rates

A total of 49 health occupations supervisors were polled in this study. Of that number, 41 surveys were returned, for a response rate of 83.7%. Approximately two-thirds (281 out of 422) of the fulltime and parttime health occupations teachers responded.

This represents a 66.6% return rate for that group as a whole. Returns were constant for teachers from each institutional level, averaging 67% for all three types of institutions. When supervisor returns from secondary and vocational-technical institute (VTI) levels are combined, the resulting return rate closely matches that of community college supervisors. Thus, return rates also were consistent for supervisors. Table 2 lists respondents by title and level.

Table 2

Survey Respondents by Title and Level

Institutional level	Number Polled	Number Responding	Percent of Responses
Health Occupations Teachers			
Secondary School	43	29	67.4
Vocational-Technical Institute	40	27	67.5
Community College	339	225	66.4
Total Teachers	422	281	66.6
Health Occupations Supervisors			
Secondary School District	22	19	86.4
Vocational-Technical Institute	4	3	75.0
(Secondary plus VTI)	(26)	(22)	(84.6)
Community College	23	19	82.6
Total Supervisors	49	41	83.7

Of the total number of instruments returned, 27 were not completed or were incomplete to any great degree (e.g., one or more major sections not completed). Most of the respondents in these cases wrote a note explaining that they were about to retire from teaching,

did not consider themselves to be health occupations teachers[3], or for some other reason did not feel qualified (or perhaps, inclined) to complete some or all of the questions.

All returned surveys, whether complete or incomplete, were considered valid responses. During data analysis, items were analyzed separately. The number of responses (n) varied by item, depending on the number of participants completing the item.

Teacher Education Opportunities

In terms of teacher training opportunities for the health occupations, both the teachers and their supervisors agreed (on a scale from strongly disagree to strongly agree) with four items:

1. Health occupations teachers enrolled in teacher education activities should be granted college credit that applies toward a degree.

2. Courses required for vocational certification should have content that is more related to the health fields.

3. A preservice program specifically designed for preparing health occupations teachers should be provided.

4. A teacher educator with responsibility for health occupations would improve teacher training efforts in the State.

The supervisors and teachers disagreed with just one item related to teacher training opportunities. Neither group agreed with the item stating that present training opportunities were adequate for health occupations teachers in the State.

Additional questions related to teacher training opportunities were asked of teachers, but not supervisors. In response, the teachers indicated that:

1. They would like to have more direct input on the content of the inservice workshops available to them.

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[3] In some programs, teachers from other subject areas teach an occasional course to the health occupations students.

2. They preferred (but just to a slight degree) education opportunities specific for teachers within their own health occupation, to those in which teachers from various health occupations are grouped together.

3. Offering vocational certification courses during the Washington Vocational Association summer conference was not convenient to them.

Median scores and rankings of specific items are presented in Tables 3 and 4. Table 3 presents data for items common to both surveys, and Table 4 presents data for items included only on the teachers' survey.

Content for Teacher Training Programs

Twenty eight educational competencies were ranked by teachers and supervisors as to how important the competencies were and how much the teachers needed training to develop (or further develop) them. Assignments were made according to median values on both scales (importance and need), according to the following system:

1. The 28 competencies were first separated into two groups according to median values on the need scale. Those with median values below 3.000, indicating a negative response, were assigned to the low priority category.

2. Those competencies remaining after making the low priority assignments were divided into two equal-sized groups according to median values on the importance scale. Those with the highest medians were assigned to the high priority category and those with the lower medians to the moderate priority cateogry.

The system for assignment of competencies to a category was developed to discriminate among items and to reflect values assigned to the survey scales (i.e., values greater than 3.000 being a positive response, and values less than 3.000 being a negative response).

The final category assignments reflect the following:

1. High Priority: Competencies considered high in importance and positive for need.

2. Moderate Priority: Competencies considered lower in importance, but still positive for need.

3. Low Priority: Competencies rated as negative for need.

Table 3

Rank Order of Median Scores of Teachers' and Supervisors' Responses: Teacher Training Opportunities Presently Available or Considered for the Future

Item	Rank by Total Respondents	Median Scores		
		Total Respondents	Teachers (n=281)	Supervisor (n=41)
acher education activities for health occupations teachers should earn college credit that applies towards a degree	1	4.74	4.78	4.27
r health occupations teachers, courses required for vocational certification should have content that is more related to the health fields	2	4.96	4.71	4.53
preservice program specifically for preparing health occupations teachers should be available in Washington	3	4.26	4.28	4.17
Washington had a teacher educator at one of the universities whose background and responsibility were in health occupations, it would make a significant improvement in the education opportunities for teachers in the field	4	4.12	4.22	3.44
e present teacher education opportunities are adequate for meeting the needs of health occupations teachers in our state	5	2.35	2.41	2.12

Table 4

Rank Order of Median Scores of Teachers' Responses: Additional Teacher Training Opportuniti
Presently Available or Considered for the Future

Item	Rank by Total Respondents	Median Scor Teachers (n=281)
I would like to have more direct input on the content of the inservice workshops that are available to me.	1	4.1
I prefer education opportunities that are specific for teachers in my health occupation.	2	4.1
I prefer education opportunities in which teachers from various health occupations are grouped together.	3	3.3
Offering the vocational certification courses during the W.V.A. summer conference is convenient for me.	4	2.6

Table 5 presents median scores and priority assignments for all respondents. Further detail can be found in Table 1 of Appendix J which provides rankings by teacher subgroup (nurses, non-nurses, secondary/VTI teachers, and community college teachers), by total teachers, and by total supervisors.

High priority competencies were found to represent the areas of curriculum (3 competencies included), instruction (3), and administration and management (2). Those in the moderate priority category reflected the curriculum development (3), administration and management (3), instruction (1), and guidance and counseling (1) areas. Low priority competencies were from the areas of research (4), guidance and counseling (4), administration and management (3), and instruction (1).

Ways to Offer Activities

The eight format options used in offering teacher training activities were also rated on two scales: (1) how appropriate would the option be for health occupations teachers, and (2) how feasible would the options be within the resources of the State. To assist program planners for health occupations in Washington State, options for ways to offer activities were made according to median values on the appropriateness and feasibility scales, using the following system:

1. The eight options were divided into two groups according to median values on the feasibility scale. Those with median values below 3.000, indicating a negative response, were assigned to the low priority category.

2. Those options remaining after making the low priority assignments were divided into two equal-sized groups according to median values on the appropriateness scale. Those with the highest medians were assigned to the high priority cateogry and those with lower medians were assigned to the moderate priority category.

As was stated earlier for assignment of the competencies, the system was developed to discriminate among items and to reflect values from the survey scales (i.e., values greater than 3.000 being a positive response and those less than 3.000 being a negative

Table 5

Teaching Competencies, by Priority Category, Based on Median Scores for Importance and Need for Training

Competencies	Median Scores	
	Importance	Need
High Priority Competencies		
Formulate goals and objectives based on identified needs	4.84	3.42
Contribute to positive staff relations	4.83	3.20
Prepare appropriately reliable and valid evaluation instruments	4.82	3.98
Apply what is known about the way people learn to the way we teach	4.82	3.64
Utilize the most effective instructional materials and techniques to achieve the learning objectives	4.82	3.66
Design instructional plans which specify objectives, content, learning activities, resource materials and evaluation plans	4.82	3.58
Revise course curricula to reflect occupational trends	4.81	3.61
Promote positive relations with the community	4.71	3.04
Moderate Priority Competencies		
Determine student needs as a basis for curriculum development	4.69	3.34
Identify students' needs for guidance and counseling services	4.69	3.23
Plan, coordinate and supervise cooperative work or clinical experience programs	4.67	3.18
Determine community needs as a basis for curriculum development	4.45	3.38
Interpret laws and regulations related to health occupations programs	4.20	3.39
Develop teacher-made instructional materials	4.13	3.41
Provide instructional and related services to "special needs" students, i.e., handicapped and/or disadvantaged	4.01	3.24
Prepare program budgets	3.28	3.09

Table 5 --Continued

Competencies	Median Scores	
	Importance	Need
Low Priority Competencies		
Prepare program reports	3.50	2.99
Accurately interpret research reports	3.91	2.96
Organize and utilize an occupational advisory committee	3.82	2.94
Make use of the available guidance and counseling services within the school system	4.74	2.94
Plan and conduct activities on education and career opportunities	3.73	2.88
Utilize basic research techniques in health related and educational research	3.39	2.87
Identify major sources of reserach in the subject matter field	3.72	2.86
Utilize available resources for statistical, computational and other research consultation services	3.20	2.86
Operate the equipment needed to present various instructional materials	4.41	2.82
Promote, sponsor and advise student vocational or professional organizations	3.48	2.72
Assist students in applying for employment or further education	3.87	2.72
Collect, maintain and disseminate information on students and graduates	3.67	2.72

response). As presented in Table 6, the final category assignments reflected the following:

1. High Priority: Options considered high in appropriateness and positive for feasibility.

2. Moderate Priority: Options considered lower in appropriateness, but still positive for feasibility.

3. Low Priority: Options rated as negative for feasibility.

As reflected in Table 6, high priority options (ranked by total respondents) were workshops, short courses, and independent study activities. Categorized as moderate priority were individual assistance, courses meeting once a week, courses meeting once a month or less, and internships or other field based activities.

Table 2 in Appendix J presents priority ratings for activity formats as rated by teacher subgroups, total teachers, and total supervisors.

Background, Experience, and Preparation

Descriptive data concerning health occupations supervisors included the type and location of their present assignment and their vocational background. Nearly half the supervisors surveyed were from community colleges, about 40% were from secondary schools, and about 10% were from vocational-technical institutes (VTIs). Figures are given in Table 2 of this report. The majority of supervisors were employed fulltime. They represented backgrounds in Health Occupations (38.5%), Trade, Industrial, and Technical Education (28.2%), and other occupations (33.3%). About two thirds of the supervisors were from west of the Cascade Mountains.

Descriptive information about health occupations teachers included present teaching assignment, demographic information, teaching and non-teaching experience, and past, present, and future education. Further detail on all descriptive data can be found in Part 6 of Health Occupations Teacher Training in Washington State: A Report of Research Data for Program Planning (Appendix J).

In relation to their present teaching assignment, more than three fourths of the teacher respondents (77.7%) were employed at the community college level, most of these employed fulltime. About

Table 6

Format Options, by Priority Category, Based on Median Scores for Appropriateness and Feasibility

Options	Median Scores	
	Appropriateness	Feasibility
High Priority Options		
Short-term workshops	4.80	4.79
Concentrated short courses	3.73	4.09
Independent study activities	3.54	4.60
Moderate Priority Options		
Individual assistance with curriculum or instruction	3.54	3.29
Course meeting once a week	3.51	3.33
Course meeting once a month or less	3.14	3.33
Internships or other field based activities	3.12	3.30
Low Priority Options		
Course meeting 2-3 times a week	4.81	2.10

10% of the respondents were employed by secondary schools, more than half were employed parttime. The remaining teachers were employed by VTIs, generally fulltime. Instructors in the various nursing programs made up 65.2% of the teacher respondents, teachers of dental related programs comprised 12.2%, with the remainder (22.6%) coming from other health occupations. Following the general population trend, most teachers were employed in schools west of the Cascade Mountains.

Demographic information was limited to teachers' age and sex. The median age of total respondents was about 37 years. Females were in the greatest majority among total respondents (92.5%).

Regarding their teaching and non-teaching work experience, teachers were found to have just over 4 years of teaching experience (totaling all kinds of teaching experience). The total years of non-teaching work experience in teachers' area of health specialty was about 5 years. On an average, the group indicated their intention to continue teaching in the health occupations about another 3 - 6 years.

When they first began teaching, most health occupations teachers had more than two, but less than four years of college as their highest educational level. At the time of the survey, the median educational level had risen to more than a four year college degree, but less than a master's degree.

The percent of teachers working toward a higher degree was 26.7. Of these, 43.3% were working toward a master's degree, 32.8% toward a bachelor's, 13.4% toward an associate, 9.0% toward a doctorate, and 1.5% toward other degrees. Of the teachers not working toward a degree, nearly 40% indicated they would be interested in pursuing a degree if they could get college credit for some or all of their previous clinical/professional experience.

A large majority of the teachers (85.9%) reported enrollment during the school year in some type of professional improvement activity. The most frequently cited reasons for enrolling were to gain information for their job and for personal enrichment.

Comments from Respondents

On the back cover of both teachers' and supervisors' surveys, space was provided for respondents to write in comments and suggestions concerning health occupations teacher education. Selected comments are presented in Appendix J under the headings of:

1. Suggestions for Content
2. Suggestions for Format
3. Teacher Frustration with Present Teacher Training
4. Comments on Needs for Changes and/or Follow-up Activities

NOTE: A Summary of findings from the mail surveys was sent to survey respondents who requested them. A copy of the summary and its cover letter are included in Appendix H.

Survey of Institutions

Telephone interviews were used to try to determine what programs were available within the state for health occupations teachers who wanted to improve their educational expertise. However, because of the complexity of the subject and limitations in time and funding, the original plan to prepare a list of appropriate programs was found to be unfeasible. Responses from each institution were found to vary, depending on which individual in which department was contacted. In addition, the constant improvement of programs in all institutions renders program information collected at one point in time as outdated in future years. As a consequence, the listing of programs was not attempted.

The contacts with institutions did reveal, however, that each school had some program--often multiple programs--that would be suitable for health occupations teachers. Therefore, a list of the institutions contacted was developed (Table 7), identifying the institution and its geographic location.

Table 7

Institutions of Higher Education in Washington State
Offering Degree Programs of Interest to
Health Occupations Teachers

Name	Location
Northwest Section	
Western Washington University	Bellingham
Puget Sound Section	
City College	Seattle
Seattle Pacific University	Seattle
Seattle University	Seattle
University of Washington	Seattle
West Central Section	
Pacific Lutheran University	Tacoma
Prometheus College	Tacoma
University of Puget Sound	Tacoma
Southwest Section	
The Evergreen State College	Olympia
St. Martin's College	Olympia
Northeast Section	
Eastern Washington University	Cheney
Fort Wright College	Spokane
Gonzaga University	Spokane
Whitworth College	Spokane
Southeast Section	
Central Washington University	Ellensberg
Walla Walla College	Walla Walla
Whitman College	Walla Walla

Conclusions

Results of the study suggest that health occupations teachers in the State of Washington have needs for teacher training that are not being met. Analysis of findings from practices of other states and from health occupations teachers and their supervisors provided information on ways to meet those needs.

Considerable variation was found to exist among states in the teacher training opportunities and requirements for health occupations teachers. However, most states have developed one or more means of providing teacher training to their health occupations teachers, even in remote parts of the state. While some of these methods were relatively traditional, innovative methods were also reported. In other types of special teacher training, helping teachers deal with special needs students (disadvantaged and handicapped) was more commonly available than training to help them incorporate student organizations into their programs. Both kinds of training were available in more than half the states. Few states have made special efforts to attract teachers of the opposite sex into programs where one sex traditionally dominates in number.

Both teachers and supervisors were in agreement on most items concerning what subject matter to include in teacher training activities and how those activities should be offered. For example, subjects related to curriculum and instruction were found to be most appropriate as content for health occupations teacher training. Abilities with direct classroom application, such as formulating goals and objectives, preparing evaluation instruments, and applying learning theory were perceived by both teachers and supervisors as being high in importance and high in need for training by teachers. Research, and guidance and counseling competencies were generally rated lowest in both importance and need for training.

Two major categories of teacher training activities were found to be most acceptable as formats for health occupations teachers. The first category was formats that are minimally time consuming, such as workshops. The second was formats that allow a flexible use of time, such as independent study.

Recommendations

The results of this study indicate both national and state needs that require special attention.

First, at the national level those interested in teacher education in the health occupations need to continue and expand efforts to meet, share ideas, and work together to solve common problems.

Second, innovative and effective means of providing teacher education activities in remote areas need to be explored further, and the results disseminated.

Third, those who are offering effective courses, workshops, or other activities dealing with the health occupations teachers and their relationship with special needs students or student organizations need to share their ideas, materials and techniques.

Fourth, a need exists for identifying specific ways to recruit male teachers into traditionally female programs, and vice versa. The same thing needs to be done in encouraging nontraditional enrollments into programs where one sex traditionally dominates in number.

Fifth, in Washington State, college credit should be provided for inservice and preservice teacher education activities, whether offered as regular, campus-based college courses, short courses, or as field based activities. Flexibility on the part of higher education institutions, and cooperation with agencies responsible for teacher education will be necessary to help make this recommendation a reality.

Sixth, the content of courses or other types of activites required for vocational certification should include examples and resources reflective of the disciplines of those in the class. It is often difficult for students to apply concepts when relationships between content and the students' own experience are unclear. Providing examples that help clarify how educational concepts can be applied to health related classes would help make the subject more meaningful to health occupations teachers.

Seventh, at least one of the public universities in the State should develop a preservice program for preparing teachers in the health occupations. The program should be flexible enough to meet the needs of potential teachers from diverse occupational backgrounds and with various amounts of academic preparation. For instance, some health occupations teachers enter teaching with an associate degree. A preservice program for these teachers should be adaptable

enough to build on their previous preparation and experience, without significant loss of credit. Other teachers, with considerable clinical preparation and experience but little academic preparation, should receive credit for that clinical background.

Eighth, a position for a health occupations teacher educator should be created in the State. The position might be at the university level and/or at the state office level, but should be related to the development of inservice, preservice, and graduate level programs for health occupations teachers.

Ninth, institutions interested in offering programs for health occupations teachers should consider ways of making courses more available--both geographically and financially.

Tenth, institutions employing health occupations teachers should offer release time and/or leave of absence to teachers who wish to pursue a higher degree.

Eleventh, health occupations teachers--perhaps different teachers each time--should be involved in planning and determining content for inservice activities.

Twelfth, the grouping of participants for inservice activities should on some occasions separate teachers by their health occupation, and at other times group all health occupations teachers together.

Thirteenth, the content of teacher education activities in health occupations should be primarily based on those competencies designated in this study as high priority. A secondary source of content should be those competencies rated as moderate priority.

Fourteenth, the formats used to offer teacher education activities to health occupations teachers should reflect those options categorized in this study as high priority. Options categorized as moderate priority might also be considered for use in the State.

Finally, several possibilities for further research are suggested by the findings of this study. These possibilities include:

1. A national assessment of teacher education in the health occupations in each state, providing reliable, up-to-date statistics and descriptions of programs. At present, a single, accessible source of this information is not available.

2. An assessment of the feasibility of combined efforts between and among adjacent states in providing teacher training for the health occupations. Especially in states where the numbers of health occupations teachers are relatively small, cooperative efforts have the potential of providing more and better teacher training opportunities.

3. A periodic follow-up to determine that the content and methods of offering teacher training remain consistent with teachers' needs. Present teachers will likely improve their skills, new teachers will need basic skills, and changes in the health occupations will no doubt dictate changes in teachers. Thus, continued assessment of teachers' educational needs will be necessary.

4. An in-depth evaluation of current teacher education opportunities in the State. While both teachers and supervisors indictated dissatisfaction with the activities available, no data was gathered about specifically which areas needed improvement and which were satisfactory.

5. Confirmation that the training needs identified in this study are actual needs in terms of teacher performance. Studies of teachers' classroom and clinical teaching performance would provide another type of data in assessing teachers' educational needs.

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APPENDIX A

TELEPHONE INTERVIEW FORM AND CONTACT LETTER FOR SURVEY OF STATES

WASHINGTON STATE UNIVERSITY
PULLMAN, WASHINGTON 99164

DEPARTMENT OF EDUCATION

November 21, 1977

Dear

Currently in Washington State, we're trying to decide what changes, if any, should be made in the teacher training available for health occupations teachers. Our purpose is to conduct a study to assess needs and resources within the state, determining if such changes are needed and, if so, what they might be.

We know that some other states, perhaps including your own, are providing innovative and effective teacher training for their health occupations teachers. Rather than trying to reinvent the wheel, we'd like to find out about these efforts before beginning our own.

I'm writing to you because I understand you are a health occupations specialist. I would appreciate your help in identifying teacher education efforts in your state. In order to talk to you, we will try to call you sometime between December 8 and December 16, 1977. If by chance you are not the person we should be talking to, I'd appreciate a note to that effect so we won't be taking up your time unnecessarily.

If the teacher training activities in your state are extensive, we're anxious to hear about them. On the other hand, if you feel like you've still got a long way to go, perhaps we'll learn that our states have some problems in common. If so, the results of the study will be equally important to you. In either case, your cooperation in our study is both important and very much appreciated.

Unless I hear from you, one of our staff members will plan to call you at my suggested time. The enclosed abstract will provide you with additional information about the project.

Thank you very much for your assistance.

Sincerely,

Muriel Oaks
Principal Investigator
Health Occupations Teacher Education Project

enclosure

HHealth Occupations State Supervisor's Survey

Washington State University
Department of Education
December, 1977

Name _____

Title _____

Phone ( ) _____

Address _____

_____

_____

Hello, may I speak with (supervisor's name) ? (when supervisor comes on) Hello, this is (interviewer's name) , calling from Pullman, Washington. I wrote to you the last part of November about a study we're doing in Washington concerning teacher education for the health occupations. Did you receive my letter? (IF NO: In it, I explained... SUMMARIZE FROM LETTER EXPLAINING WHY YOU'RE CALLING AND WHAT THE PROJECT IS ABOUT.)

DATE	TIME	INTERVIEWER	RESULT

Abbreviations for Result:

NA: No Answer
NI: Supervisor Not In
WR: Will Return (when)
WC: Will Call Back, Collect
IB: In, But Busy (Note preferred time for recall)
REF: Refused (Why, at what point, possibility of recall)

The questions I need to ask should take about 30 minutes. When I'm through with my questions, I'd be happy to answer any questions you might still have about my study. To save your time and mine, I've structured the questions so that most can be answered with a yes or no. We only need to go into further detail if you want to qualify your answer, or if I need a brief description. If, at any time, you are unclear about what I'm asking, please don't hesitate to say so. Ok?

All right, then, my first questions will deal with teacher training and certification. Let me start by trying to get an overview of the various teacher training activities available to the health occupations teacher in (name of state). I'll be asking first about preservice and then about inservice activities, and I'm using the term "activities" here in a broad sense. It could be workshops or independent study, or it could be courses offered by the state agency for vocational education or by a college. Ok?

One other note of clarification: I'm only asking about activities related to teacher education--topics such as teaching techniques, curriculum development or student evaluation. I'm not asking about activities related to professional upgrading within the occupation. Ok?

Q-1 So, my first question is, are there teacher training activities that are required of health occupations teachers before they begin teaching?

NO ACTIVITIES AVAILABLE... 1
ACTIVITIES AVAILABLE,
BUT NOT REQUIRED..... 2
YES..... 3
DO NOT KNOW..... 4

Are these activities specifically designed for health occupations teachers?

YES..... 1
NO..... 2

Are the activities the same for all vocational teachers?

YES..... 1
NO..... 2

COMMENT:

Q-2 Ok, my next question, does your state have a preservice teacher preparation program at one or more colleges or universities specifically designed to prepare health occupations teachers?

NO..... 1
YES..... 2
DO NOT KNOW..... 3

Is there one for trade and industrial teachers that would include health occupations?

NO..... 1
YES..... 2

COMMENT:

Q-3 Now, for inservice activities. Let me reemphasize that I'm asking only about teacher training activities, not occupational upgrading. First I'd like to find out whether specific kinds of inservice activities are used in your state. I think I could do this more efficiently if I give you the kinds and you tell me whether or not they're available. Ok? For example, does (name of state) have short-term activities, such as short courses or workshops, for teachers in certain occupational groups, such as specifically for dental auxiliary teachers or nursing teachers?

NO..... 1
YES, SPONSORED BY STATE AGENCY FOR VOC ED..... 2
YES, SPONSORED BY PROFESSIONAL ORGANIZATION 3
YES, COLLEGE OR UNIVERSITY SPONSORED..... 4
YES, SPONSORED BY (specify)_____ 5
DO NOT KNOW..... 6

COMMENT:

Q-4 Do you have concentrated, short-term courses leading to vocational certification?

NO..... 1
YES..... 2
DO NOT KNOW..... 3

COMMENT:

Q-5 Are there formal college classes being offered on campus in (name of state) for health occupations teacher inservice?

NO..... 1
YES..... 2
DO NOT KNOW..... 3

How many campus locations statewide are these courses available? Are there just one or two, or are they offered all around the state?

ONE OR TWO..... 1
ALL OVER THE STATE..... 2

COMMENT:

Q-6 Do you have college classes for health occupations teachers being offered off-campus?

NO..... 1
YES..... 2
DO NOT KNOW..... 3

How many locations are utilized for these classes? Again, are there just one or two, or are they available all over the state?

ONE OR TWO..... 1
ALL OVER THE STATE..... 2

COMMENT:

Q-7 Do you have independent study opportunities for credit or certification for health occupations teachers?

NO..... 1
YES..... 2
DO NOT KNOW..... 3

COMMENT:

Q-8 Do you have internships or other field-based activities available for health occupations teachers?

NO..... 1
YES..... 2
DO NOT KNOW..... 3

COMMENT:

Q-9 In (name of state) do health occupations teachers in the field receive help with improving their teaching from state office personnel?

NO..... 1
YES..... 2
DO NOT KNOW..... 3

COMMENT:

Q-10 Does your state have a teacher educator whose chief responsibility is in the field of health occupations?

NO..... 1
YES..... 2

COMMENT:

Q-11 Do health occupations teachers earn credit for teacher training activities which can apply toward undergraduate or graduate degrees?

NO..... 1
YES..... 2
DO NOT KNOW..... 3

Can health occupations teachers go from one degree level to the next with no significant loss of credit? For example, from associate to bachelor's or bachelor's to master's in an articulated program.

NO..... 1
YES..... 2
DO NOT KNOW..... 3

COMMENT:

Q-12 Does (name of state) require vocational certification of its health occupations teachers?

NO..... 1
YES..... 2
DO NOT KNOW..... 3

COMMENT:

→ Are certification requirements the same for health occupations teachers at the secondary level as for those at the post-secondary level?

NO..... 1
YES..... 2

WE ONLY HAVE HEALTH OCCUPATIONS TEACHERS AT ONE LEVEL, AND THE LEVEL WE HAVE IS:

SECONDARY..... 3
POST-SECONDARY..... 4

COMMENT:

→ Do you evaluate previous educational experience or preparation in lieu of having to take courses required for certification?

NO..... 1
YES..... 2

-13 Some states have instructors who teach in isolated regions, quite a distance from population centers and college campuses. (FOR MOST STATES) Does (name of state use any special techniques for providing teacher training in remote areas? (FOR SMALL STATES WHERE REMOTENESS IS NOT LIKELY A PROBLEM) I realize that smaller states may not have this problem with isolation. Nevertheless, does (name of state) use any special techniques for providing teacher training in remote areas?

NO..... 1
YES..... 2
DO NOT KNOW..... 3

↓

Would you give me a brief description of the techniques you use?

COMMENT:

Q-14 Are you doing anything special to train health occupations teachers to incorporate student organizations into their programs -- organizations such as the Vocational Industrial Clubs of America or the Health Occupations Student Association?

NO..... 1
YES..... 2
DO NOT KNOW..... 3

↓

Could you describe your efforts briefly?

COMMENT:

Q-15 Are there opportunities for health occupations teachers to learn to serve students with special needs, such as handicapped or disadvantaged students?

NO..... 1
YES..... 2
DO NOT KNOW..... 3

↓

Just briefly, what is the nature of these opportunities?

COMMENT:

The next couple of questions deal with recruiting teachers for health occupations programs.

Q-16 First, I'd like to find out what sources are used for recruiting health occupations teachers -- where do you look for them when you need them?

(LET THE INTERVIEWEE VOLUNTEER SOURCES, MARKING THOSE BELOW AS MENTIONED, OR WRITING IN OTHERS AS NEEDED. PROBE ABOUT THE SOURCES LISTED BELOW IF NOT MENTIONED. e.g. "IS THE MILITARY A SIGNIFICANT SOURCE OF HEALTH OCCUPATIONS TEACHERS IN (name of state) .)

DO NOT KNOW..... 1
HEALTH CARE INSTITUTIONS. 2
OTHER EDUCATIONAL PROGRAMS..... 3
MILITARY..... 4
EMPLOYMENT AGENCIES..... 5
NEWSPAPER ADVERTISEMENTS. 6
OTHER (specify)_____
_____ 7

COMMENT:

Q-17 Most health occupations programs, at least in Washington, have a predominance of female teachers. A few programs, like emergency medical technology, have mostly male teachers. Does your state make any special effort to recruit teachers of the opposite sex in those programs where one sex traditionally dominates in number?

NO..... 1
YES..... 2

Would you describe your recruitment methods?

COMMENT:

Q-18 Thats the end of the specific questions I wanted to ask. Can you think of anything else about health occupations teacher education in your state that would help me to better understand any particularly unique aspects?

Q-19 Would you like to receive a summary of the results of this project when it is completed next summer?

NO..... 1
YES..... 2

↓

Do we have your correct mailing address?
(Note Any Changes Here)

APPENDIX B

TEACHERS' SURVEY
AND
COVER LETTER

WASHINGTON STATE UNIVERSITY
PULLMAN, WASHINGTON 99164

DEPARTMENT OF EDUCATION
March 6, 1978

Dear Health Occupations Teacher:

Recently there has been considerable discussion about the teacher education opportunities available for those who teach in the health occupations in our state. Some people feel that we need considerable changes, others disagree. Our purpose in conducting this study is to find out what the teachers and their supervisors think.

To insure that the results of the survey truly represent the thinking of teachers in all of the health occupations, at all levels of education, in all parts of the state, it is especially important that each questionnaire be completed. Please take this time to share your thoughts with us.

Your answers on the questionnaire will remain anonymous. The identification number on the form is used only for mailing purposes, to check off each name as the questionnaire is returned. When results are published, your responses will be grouped with those of other health occupations teachers so that answers on any particular questionnaire will not be identified.

In designing this study, we have worked closely with representatives from the Office of the Superintendent of Public Instruction and the State Board for Community College Education. Upon completion of the study, the results will be shared with these agencies as well as with other persons statewide who are responsible for providing teacher education to health occupations educators. Products of the study will also be disseminated nationwide for use by others with similar interests. If you are interested in receiving a summary of the results, please put your name and address on the outside of the envelope when you return the questionnaire to WSU in the stamped, addressed envelope provided. We will make sure you receive a copy.

If you have any questions or concerns about any part of the survey, feel free to write or call collect. My telephone number is (509) 335-2218 or 335-1640.

Thank you very much. Your contribution is certainly appreciated.

Sincerely,

Muriel Oaks
Principal Investigator
Health Occupations Teacher Education Project

cc: Office of the Superintendent of Public Instruction
State Board for Community College Education

ASSESSING TEACHER EDUCATION NEEDS IN THE HEALTH OCCUPATIONS

A survey of the opinions of teachers in Washington State

Sponsored by:
U. S. Office of Education
Washington Commission for Vocational Education
Washington State University

Pullman, Washington
1978

THIS IS NOT A TEST!

There are no right or wrong answers -- we are asking for your opinions about items related to health occupations teacher education.

Obviously, health occupations teachers will vary considerably in their needs for teacher training. The items in this survey refer not only to your individual needs, but also to the needs of health occupations teachers in general.

PLEASE RESPOND TO EACH ITEM IN THE SURVEY

THANK YOU!

PART I: TEACHER EDUCATION OPPORTUNITIES

Q-1. There are many views about the teacher education opportunities now available to health occupations teachers in Washington. The items below refer to options that are available or might be considered for the future.

Please indicate to what extent you agree or disagree with each item by circling one of the numbers: one (1) indicates strong disagreement, five (5) indicates strong agreement, and the other numbers can be used to show various degrees of feeling in between (a score of 3 would indicate a neutral feeling about the item). The zero column (0) is available if you do not feel you know enough about the item to answer it.

Item	Feelings Toward Item (Circle one number)					
	STRONGLY DISAGREE				STRONGLY AGREE	DO NOT KNOW
1. The present teacher education opportunities are adequate for meeting the needs of health occupations teachers in our state.....	1	2	3	4	5	0
2. Offering the vocational certification courses during the WVA summer conference is convenient for me.....	1	2	3	4	5	0
3. A preservice program specifically for preparing health occupations teachers should be available in Washington.....	1	2	3	4	5	0
4. For health occupations teachers, courses required for vocational certification should have content that is more related to the health fields.....	1	2	3	4	5	0
5. Teacher education activities for health occupations teachers should earn college credit that applies towards a degree.....	1	2	3	4	5	0
6. If Washington had a teacher educator at one of the universities whose background and responsibility were in health occupations, it would make a significant improvement in the education opportunities for teachers in the field.....	1	2	3	4	5	0
7. I would like to have more direct input on the content of the inservice workshops that are available to me.....	1	2	3	4	5	0
8. I prefer teacher education opportunities in which teachers from various health occupations are grouped together.....	1	2	3	4	5	0
9. I prefer education opportunities that are specific for teachers in my health occupation..	1	2	3	4	5	0

PART II: OBJECTIVES

This portion of the survey deals with teacher training competencies for health occupations teachers. We need your opinion on two aspects of the subject: first (item Q-2), how important is it for health occupations teachers to have the competency, and second (item Q-3), to what extent do you personally need training to develop the competency? In each case, the list of competencies is the same, but the question is different.

As in Part I, a 5 point scale is used, this time with (1) representing no importance and (5) indicating high importance.

Q-2. Here is a list of competencies that health occupations teachers might need. For each item, circle the number which best reflects your feeling about how important the competency is for health occupations teachers to have.

Competency	Importance for Health Occupations Teachers (Circle one number per item)					
How important is it for health occupations teachers to have Curriculum Development Competencies, including the ability to:	NOT AT ALL IMPORTANT				VERY IMPORTANT	DO NOT KNOW
1. Determine student needs as a basis for curriculum development.....	1	2	3	4	5	0
2. Determine community needs as a basis for curriculum development.....	1	2	3	4	5	0
3. Formulate goals and objectives based on identified needs.....	1	2	3	4	5	0
4. Design instructional plans which specify objectives, content, learning activities, resource materials and evaluation plans.....	1	2	3	4	5	0
5. Revise course curricula to reflect occupational trends.....	1	2	3	4	5	0
6. Develop teacher-made instructional materials..	1	2	3	4	5	0
How important is it for health occupations teachers to have Instructional Competencies, including the ability to:	NOT AT ALL IMPORTANT				VERY IMPORTANT	DO NOT KNOW
7. Utilize the most effective instructional materials and techniques to achieve the learning objectives.....	1	2	3	4	5	0
8. Operate the equipment needed to present various instructional materials.....	1	2	3	4	5	0
9. Apply what is known about the way people learn to the way we teach.....	1	2	3	4	5	0
10. Prepare appropriately reliable and valid evaluation instruments.....	1	2	3	4	5	0
11. Provide instructional and related services to "special needs" students, i.e. handicapped and/or disadvantaged.....	1	2	3	4	5	0

How important is it for health occupations teachers to have Administration and Management Competencies, including the ability to:	Importance for Health Occupations Teachers (Circle one number per item) NOT AT ALL IMPORTANT				VERY IMPORTANT	DO NOT KNOW
12. Plan, coordinate and supervise cooperative work or clinical experience programs.....	1	2	3	4	5	0
13. Organize and utilize an occupational advisory committee.....	1	2	3	4	5	0
14. Promote, sponsor and advise student vocational or professional organizations.....	1	2	3	4	5	0
15. Interpret laws and regulations related to health occupations programs.....	1	2	3	4	5	0
16. Prepare program budgets.....	1	2	3	4	5	0
17. Prepare program reports.....	1	2	3	4	5	0
18. Promote positive relations with the community	1	2	3	4	5	0
19. Contribute to positive staff relations.....	1	2	3	4	5	0
How important is it for health occupations teachers to have Guidance and Counseling Competencies, including the ability to:	NOT AT ALL IMPORTANT				VERY IMPORTANT	DO NOT KNOW
20. Identify students' needs for guidance and counseling services.....	1	2	3	4	5	0
21. Make use of the available guidance and counseling services within the school system.....	1	2	3	4	5	0
22. Collect, maintain and disseminate information on students and graduates.....	1	2	3	4	5	0
23. Plan and conduct activities on educational and career opportunities.....	1	2	3	4	5	0
24. Assist students in applying for employment or further education.....	1	2	3	4	5	0
How important is it for health occupations teachers to have Research Competencies, including the ability to:	NOT AT ALL IMPORTANT				VERY IMPORTANT	DO NOT KNOW
25. Utilize basic research techniques in health related and educational research.....	1	2	3	4	5	0
26. Identify major sources of research in the subject matter field.....	1	2	3	4	5	0
27. Accurately interpret research reports.....	1	2	3	4	5	0
28. Utilize available resources for statistical, computational and other research consultation services.....	1	2	3	4	5	0

Q-3. We would also like to know your feeling about your personal needs for teacher education activities. For each of the competencies listed below, circle the number which best reflects your feeling about your individual need for training.

To what extent do you need training in Curriculum Development Competencies, including the ability to:	Need For Training (Circle one number per item) NO NEED				HIGH NEED	DO NOT KNOW
1. Determine student needs as a basis for curriculum development	1	2	3	4	5	0
2. Determine community needs as a basis for curriculum development	1	2	3	4	5	0
3. Formulate goals and objectives based on identified needs	1	2	3	4	5	0
4. Design instructional plans which specify objectives, content, learning activities, resource materials and evaluation plans	1	2	3	4	5	0
5. Revise couse curricula to reflect occupational trends	1	2	3	4	5	0
6. Develop teacher-made instructional materials	1	2	3	4	5	0
To what extent do you need training in Instructional Competencies, including the ability to:	**NO NEED**				**HIGH NEED**	**DO NOT KNOW**
7. Utilize the most effective instructional materials and techniques to achieve the learning objectives.	1	2	3	4	5	0
8. Operate the equipment needed to present various instructional materials	1	2	3	4	5	0
9. Apply what is known about the way people learn to the way we teach	1	2	3	4	5	0
10. Prepare appropriately reliable and valid evaluation instruments	1	2	3	4	5	0
11. Provide instructional and related services to "special needs" students, i.e. handicapped and/or disadvantaged	1	2	3	4	5	0

To what extent do you need training in Administration and Management Competencies, including the ability to:	Need For Training (Circle one number per item) NO NEED				HIGH NEED	DO NOT KNOW
12. Plan, coordinate and supervise cooperative work or clinical experience programs.....	1	2	3	4	5	0
13. Organize and utilize an occupational advisory committee.....	1	2	3	4	5	0
14. Promote, sponsor and advise student vocational or professional organizations.....	1	2	3	4	5	0
15. Interpret laws and regulations related to health occupations programs.....	1	2	3	4	5	0
16. Prepare program budgets.....	1	2	3	4	5	0
17. Prepare program reports.....	1	2	3	4	5	0
18. Promote positive relations with the community...	1	2	3	4	5	0
19. Contribute to positive staff relations.....	1	2	3	4	5	0
To what extent do you need training in Guidance and Counseling Competencies, including the ability to:	NO NEED				HIGH NEED	DO NOT KNOW
20. Identify students' needs for guidance and counseling services.....	1	2	3	4	5	0
21. Make use of the available guidance and counseling services within the school system.....	1	2	3	4	5	0
22. Collect, maintain and disseminate information on students and graduates.....	1	2	3	4	5	0
23. Plan and conduct activities on education and career opportunities.....	1	2	3	4	5	0
24. Assist students in applying for employment or further education.....	1	2	3	4	5	0
To what extent do you need training in Research Competencies, including the ability to:	NO NEED				HIGH NEED	DO NOT KNOW
25. Utilize basic research techniques in health related and educational research.....	1	2	3	4	5	0
26. Identify major sources of research in the subject matter field.....	1	2	3	4	5	0
27. Accurately interpret research reports.....	1	2	3	4	5	0
28. Utilize available resources for statistical, computational and other research consultation services.....	1	2	3	4	5	0

PART III: WAYS TO OFFER ACTIVITIES

Many different ways could be used to offer teacher training activities -- this part of the survey is designed to help determine which ways would be best for health occupations teachers in the state. Two different opinions are requested: appropriateness for the teachers (item Q-4), and feasibility within the resources of the state (item Q-5).

Q-4. For the following items, rate your feeling about how appropriate the method would be in meeting your personal needs for teacher training.

For yourself, to what extent would it be appropriate to offer activities as:	Appropriateness (Circle one number per item) NOT AT ALL APPROPRIATE				VERY APPROPRIATE	DO NOT KNOW
1. Short-term workshops (1-2 days).....	1	2	3	4	5	0
2. Concentrated short courses (3 days-1 week)...	1	2	3	4	5	0
3. Course meeting 2-3 times a week for one quarter or semester.....	1	2	3	4	5	0
4. Course meeting once a week for one quarter or semester.....	1	2	3	4	5	0
5. Course meeting once a month or less for one quarter or semester.....	1	2	3	4	5	0
6. Independent study activities.....	1	2	3	4	5	0
7. Internships or other field based activities..	1	2	3	4	5	0
8. Individual assistance with curriculum or instruction (from state office or school personnel, or teacher educators).....	1	2	3	4	5	0

Q-5. In Washington we're somewhat limited in the ways we might offer teacher education activities. The limitations include geography, variations in population density and, of course, finances. For the following items, consider these limitations in rating your feelings about how feasible the method would be for use within the present resources of the state.

Considering our limitations in Washington, to what extent would it be feasible to offer activities as:	Feasibility (Circle one number per item) NOT AT ALL FEASIBLE				VERY FEASIBLE	DO NOT KNOW
1. Short-term workshops (1-2 days).....	1	2	3	4	5	0
2. Concentrated short courses (3 days-1 week)..	1	2	3	4	5	0
3. Course meeting 2-3 times a week for one quarter or semester.....	1	2	3	4	5	0
4. Course meeting once a week for one quarter or semester.....	1	2	3	4	5	0
5. Course meeting once a month or less for one quarter or semester.....	1	2	3	4	5	0
6. Independent study activities.....	1	2	3	4	5	0
7. Internships or other field based activities.	1	2	3	4	5	0
8. Individual assistance with curriculum or instruction (from state office or school personnel, or teacher educators).....	1	2	3	4	5	0

In a state the size of ours, the amount of distance to travel in reaching the site of teacher education is sometimes a problem. Whether or not teachers are reimbursed also may affect the distance they are able to travel. The next two questions ask how far you would be willing to travel under two kinds of conditions: first (Q-6), with reimbursement and second (Q-7), without reimbursement for mileage.

Q-6. For the items below, indicate how far (one way) you would be willing to travel to attend various kinds of activities if you were being reimbursed for all mileage.

	Miles You Would Be Willing To Travel With Reimbursement (Circle one set of mileage figures for each type of activity)					
1. Short-term workshops (1-2 days).....	0-20	21-50	51-100	101-200	201-300	301-400
2. Concentrated short course (up to one week).....	0-20	21-50	51-100	101-200	201-300	301-400
3. Course meeting once a week for one quarter or semester.....	0-20	21-50	51-100	101-200	201-300	301-400
4. Course meeting 2-3 times a week for one quarter or semester.....	0-20	21-50	51-100	101-200	201-300	301-400
5. Course meeting once a month or less for one quarter or semester.....	0-20	21-50	51-100	101-200	201-300	301-400
6. Internships or other field based activities.....	0-20	21-50	51-100	101-200	201-300	301-400
7. Individual assistance with curriculum or instruction.....	0-20	21-50	51-100	101-200	201-300	301-400

Q-7. Next, indicate how far (one way) you would be willing to travel to attend the same kind of activities with no reimbursement for mileage.

	Miles You Would Be Willing To Travel Without Reimbursement (Circle one set of mileage figures for each type of activity)					
1. Short-term workshops (1-2 days).....	0-20	21-50	51-100	101-200	201-300	301-400
2. Concentrated short course (up to one week).....	0-20	21-50	51-100	101-200	201-300	301-400
3. Course meeting once a week for one quarter or semester.....	0-20	21-50	51-100	101-200	201-300	301-400
4. Course meeting 2-3 times a week for one quarter or semester.....	0-20	21-50	51-100	101-200	201-300	301-400
5. Course meeting once a month or less for one quarter or semester.....	0-20	21-50	51-100	101-200	201-300	301-400
6. Internships or other field based activities.....	0-20	21-50	51-100	101-200	201-300	301-400
7. Individual assistance with curriculum or instruction.....	0-20	21-50	51-100	101-200	201-300	301-400

Q-8. Would you prefer to attend teacher education activities during the week or on Saturdays? (Circle one number)

1. DURING THE WEEK
2. ON SATURDAYS
3. DOES NOT MATTER

PART IV: BACKGROUND, EXPERIENCE, PREPARATION

Finally we would like to ask a few questions about yourself for statistical purposes.

Q-9. At which type of institution are you employed?
(Circle all that apply)

	Circle the response(s) that provide(s) the best description	
1. Secondary School.....	FULL TIME	PART TIME
2. Vocational-Technical Institute.....	FULL TIME	PART TIME
3. Community College.....	FULL TIME	PART TIME

Q-10. In which health occupation is your present teaching assignment? [Circle all the numbers that apply to your present position(s)]

1. ASSOCIATE DEGREE NURSING
2. DENTAL ASSISTING
3. DENTAL HYGIENE
4. MEDICAL LABORATORY TECHNOLOGY
5. MEDICAL RECORDS TECHNOLOGY
6. MENTAL HEALTH
7. NURSE'S ASSISTANT (AIDE/ORDERLY)
8. OPERATING ROOM TECHNOLOGY
9. PHYSICAL THERAPY
10. RADIOLOGIC TECHNOLOGY
11. RESPIRATORY THERAPY
12. VOCATIONAL/PRACTICAL NURSING
13. OTHER (Specify) _____

Q-11. What was your age on your last birthday? (Circle the number)

1. LESS THAN 30 YEARS
2. 30-39 YEARS
3. 40-49 YEARS
4. 50-59 YEARS
5. 60 OR MORE YEARS

Q-12. What is your sex? (Circle the number)

1. FEMALE
2. MALE

Q-13. In which of the following sections of the state do you teach? (Circle only one of the numbers)

1. NORTHWEST SECTION (includes the districts for these community colleges: Everett, Edmonds, Skagit and Whatcom)
2. PUGET SOUND SECTION (community college districts: Bellevue, Green River, Highline, Seattle Central, North Seattle, South Seattle, and Shoreline)
3. WEST CENTRAL SECTION (community college districts: Fort Steilacoom, Olympia, Peninsula, and Tacoma)
4. SOUTHWEST SECTION (community college districts: Centralia, Clark, Grays Harbor, Lower Columbia, and Olympia Technical)
5. NORTHEAST SECTION (community college districts: Big Bend, Spokane, Spokane Falls, and Wenatchee Valley)
6. SOUTHEAST SECTION (community college districts: Columbia Basin, Walla Walla, and Yakima Valley)

Q-14. How many years of work experience (OTHER THAN TEACHING) have you had in your field(s) of health specialty? (Circle one number)

1. LESS THAN ONE YEAR
2. 1 TO 3 YEARS
3. 4 TO 6 YEARS
4. 11 TO 20 YEARS
5. MORE THAN 20 YEARS

Q-15. What is your total number of years of teaching experience (classroom, clincial and inservice, at all levels) including the 1977-78 school year? (Circle one number)

1. ONE
2. 2 to 3 YEARS
3. 4 TO 10 YEARS
4. 11 TO 20 YEARS
5. MORE THAN 20 YEARS

Q-16. Approximately how many years of teaching experience (including the 1977-78 school year) do you have at each of the following levels?

Level of Teaching Experience	Years Of Experience (Circle one response for each level you've taught)				
1. Elementary school (grades 1-6).....	1-2	3-6	7-12	13-19	20+
2. Secondary school (grades 7-12).....	1-2	3-6	7-12	13-19	20+
3. Public vocational school or institute.....	1-2	3-6	7-12	13-19	20+
4. Community or junior college.....	1-2	3-6	7-12	13-19	20+
5. Four year college or university.....	1-2	3-6	7-12	13-19	20+
6. Military.....	1-2	3-6	7-12	13-19	20+
7. Hospital or other clinical facility.....	1-2	3-6	7-12	13-19	20+
8. Other (Specify) _____	1-2	3-6	7-12	13-19	20+

Q-17. What are your future plans for teaching in the health occupations? (Circle one number)

1. NONE
2. PLAN ON TEACHING LESS THAN ONE YEAR
3. PLAN ON TEACHING 1-2 MORE YEARS
4. PLAN ON TEACHING 3-6 MORE YEARS
5. PLAN ON TEACHING MORE THAN 6 YEARS

Q-18. What was your highest educational level when you first started teaching in a health occupations program? (Circle one number)

1. HOSPITAL PROGRAM GRADUATE
2. TWO YEAR ASSOCIATE DEGREE
3. MORE THAN 2, LESS THAN 4 YEARS COLLEGE
4. FOUR YEAR COLLEGE DEGREE
5. MASTER'S DEGREE
6. POST-MASTER'S DEGREE CREDIT
7. DOCTORATE
8. OTHER (SPECIFY) _____

Q-19. What is your present educational level? (Circle one number)

1. HOSPITAL PROGRAM GRADUATE
2. TWO YEAR ASSOCIATE DEGREE
3. MORE THAN 2, LESS THAN 4 YEARS COLLEGE
4. FOUR YEAR COLLEGE DEGREE
5. MASTER'S DEGREE
6. POST-MASTER'S DEGREE CREDIT
7. DOCTORATE
8. OTHER (SPECIFY) _____

Q-20. Are you presently working toward a degree? (Circle one number)

1. YES (If this is your answer, go on to Q-20A)
2. NO (If this is your answer, skip to Q-20B)

Q-20A. Toward which degree, and at which institution, are you working? (Circle the number of the degree and write in the name of the institution)

Degree	Institution
1. ASSOCIATE	_____
2. BACHELOR'S	_____
3. MASTER'S	_____
4. DOCTORATE	_____
5. OTHER (SPECIFY) _____	_____

Q-20B. Would you be interested in working toward a higher degree if: (Circle the numbers of all that apply)

1. THE COLLEGE OR UNIVERSITY OFFERING THE DEGREE WERE CLOSER TO YOU GEOGRAPHICALLY?
2. A PROGRAM THAT RELATED MORE SPECIFICALLY TO HEALTH OCCUPATIONS WERE AVAILABLE?
3. THE INSTITUTION FOR WHICH YOU WORK WOULD ALLOW A MINIMUM OF ONE YEAR'S LEAVE OF ABSENCE FOR ADVANCED EDUCATION?
4. COLLEGES OFFERING DEGREES HAD MOBILE PROGRAMS (E.G. TRAVELING TEACHER EDUCATORS OR OFF-CAMPUS COURSES) THAT WOULD BRING AT LEAST SOME REQUIRED COURSES TO YOUR AREA?
5. YOU COULD GET COLLEGE CREDIT FOR SOME OR ALL OF YOUR PREVIOUS CLINICAL/PROFESSIONAL EXPERIENCE?
6. OTHER REASONS (SPECIFY) _____

_____

_____

Q-21. Are you presently enrolled (or will you enroll this school year) in a professional improvement course, workshop or seminar? (Circle one number)

1. YES (If this is your answer, go on to Q-21A)
2. NO (If this is your answer, skip to Part V, page 14)

Q-21A. Here are some reasons that people enroll in professional improvement courses. For each item, rate your feelings for how important that reason was to you in deciding to enroll in the course.

	Importance To You				
	NOT AT ALL IMPORTANT				VERY IMPORTANT
1. Certification.....	1	2	3	4	5
2. Personal enrichment.....	1	2	3	4	5
3. Advancement on salary schedule.....	1	2	3	4	5
4. Job protection.....	1	2	3	4	5
5. Gain information for job.....	1	2	3	4	5
6. Other reason (specify) _____	1	2	3	4	5

PART V: QUESTIONS WE DIDN'T ASK

Do you have any other opinions about what is being offered, or what might be offered, as teacher education activities for health occupations instructors? If so, please use this space to share those opinions with us -- use additional sheets, if necessary. Any suggestions or comments you would like to share will be appreciated.

Your contribution to our survey is very greatly appreciated. If you would like a summary of results, please print your name and address on the back of the return envelope (NOT on this questionnaire). We will make sure that you receive a copy.

Please return the completed questionnaire to Washington State University in the envelope provided.

APPENDIX C

SUPERVISORS' SURVEY
AND
COVER LETTER

WASHINGTON STATE UNIVERSITY
PULLMAN, WASHINGTON 99164

DEPARTMENT OF EDUCATION

Recently there has been considerable discussion about the teacher education opportunities available for those who teach in the health occupations in our state. Some people feel that we need considerable changes, others disagree. Our purpose in conducting this study is to find out what the teachers and their supervisors think.

To insure that the results of the survey truly represent the thinking of supervisors for all of the health occupations, at all levels of education, in all parts of the state, it is especially important that each questionnaire be completed. Please take this time to share your thoughts with us.

Your answers on the questionnaire will remain anonymous. The identification number on the form is used only for mailing purposes, to check off each name as the questionnaire is returned. When results are published, your responses will be grouped with those of other supervisors so that answers on any particular questionnaire will not be identified.

In designing this study, we have worked closely with representatives from the Office of the Superintendent of Public Instruction and the State Board for Community College Education. The results of the study will be shared with these agencies as well as with other persons statewide who are responsible for providing teacher education to health occupations educators. Products of the study will also be disseminated nationwide for use by others with similar interests. If you are interested in receiving a summary of the results, please put your name and address on the outside of the envelope when you return the questionnaire to WSU in the stamped, addressed envelope provided. We will make sure you receive a copy.

If you have any questions or concerns about any part of the survey, feel free to write or call collect. My telephone number is (509) 335-2218 or 335-1640.

Thank you very much. Your contribution is certainly appreciated.

Sincerely,

Muriel Oaks
Principal Investigator
Health Occupations Teacher Education Project

cc: Office of the Superintendent of Public Instruction
State Board for Community College Education

ASSESSING TEACHER EDUCATION NEEDS IN THE HEALTH OCCUPATIONS

A survey of the opinions of supervisors in Washington State

Sponsored by:
U. S. Office of Education
Washington Commission for Vocational Education
Washington State University

Pullman, Washington
1978

THIS IS NOT A TEST!

There are no right or wrong answers -- we are asking for your opinions about items related to health occupations teacher education.

PLEASE RESPOND TO EACH ITEM IN THE SURVEY

THANK YOU!

PART I: TEACHER EDUCATION OPPORTUNITIES

Q-1. There are many views about the teacher education opportunities now available to health occupations teachers in Washington. The items below refer to options that are available or might be considered for the future.

Please indicate to what extent you agree or disagree with each item by circling one of the numbers: one (1) indicates strong disagreement, five (5) indicates strong agreement, and the other numbers can be used to show various degrees of feeling in between (a score of 3 would indicate a neutral feeling about the item). The zero column (0) is available if you do not feel you know enough about the item to answer it.

Item	Feelings Toward Item (Circle one number)					
	STRONGLY DISAGREE				STRONGLY AGREE	DO NOT KNOW
1. The present teacher education opportunities are adequate for meeting the needs of health occupations teachers in our state..	1	2	3	4	5	0
2. A preservice program specifically for preparing health occupations teachers should be available in Washington.....	1	2	3	4	5	0
3. Graduate programs specifically designed for health occupations teachers should be made available somewhere in the state.....	1	2	3	4	5	0
4. For health occupations teachers, courses required for vocational certification should have content that is more related to the health field.....	1	2	3	4	5	0
5. If Washington had a teacher educator at one of the universities whose background and responsibility were in health occupations, it would make a significant improvement in the education opportunities for teachers in the field.....	1	2	3	4	5	0
6. Teacher education activities should earn college credit that applies towards a degree.....	1	2	3	4	5	0

PART II: OBJECTIVES

This portion of the survey deals with teacher training competencies for health occupations teachers. We need your opinion on two aspects of the subject: first (item Q-2), how important is it for health occupations teachers to have the competency, and second (item Q-3), to what extent do the teachers you supervise need training to develop the competency? In each case, the list of competencies is the same, but the question is different.

As in Part I, a 5 point scale is used, with (1) representing no importance and (5) indicating high importance.

Q-2. Here is a list of competencies that health occupations teachers might need. For each item, circle the number which best reflects your feeling about how important the competency is for health occupations teachers to have.

Competency	Importance for Health Occupations Teachers (Circle one number per item)					
How important is it for health occupations teachers to have Curriculum Development Competencies, including the ability to:	NOT AT ALL IMPORTANT				VERY IMPORTANT	DO NOT KNOW
1. Determine student needs as a basis for curriculum development.....	1	2	3	4	5	0
2. Determine community needs as a basis for curriculum development.....	1	2	3	4	5	0
3. Formulate goals and objectives based on identified needs.....	1	2	3	4	5	0
4. Design instructional plans which specify objectives, content, learning activities, resource materials and evaluation plans.....	1	2	3	4	5	0
5. Revise course curricula to reflect occupational trends.....	1	2	3	4	5	0
6. Develop teacher-made instructional materials..	1	2	3	4	5	0
How important is it for health occupations teachers to have Instructional Competencies, including the ability to:						
	NOT AT ALL IMPORTANT				VERY IMPORTANT	DO NOT KNOW
7. Utilize the most effective instructional materials and techniques to achieve the learning objectives.....	1	2	3	4	5	0
8. Operate the equipment needed to present various instructional materials.....	1	2	3	4	5	0
9. Apply what is known about the way people learn to the way we teach.....	1	2	3	4	5	0
10. Prepare appropriately reliable and valid evaluation instruments.....	1	2	3	4	5	0
11. Provide instructional and related services to "special needs" students, i.e. handicapped and/or disadvantaged.....	1	2	3	4	5	0

How important is it for health occupations teachers to have Administration and Management Competencies, including the ability to:	Importance for Health Occupations Teachers (Circle one number per item) NOT AT ALL IMPORTANT				VERY IMPORTANT	DO NOT KNOW
12. Plan, coordinate and supervise cooperative work or clinical experience programs.....	1	2	3	4	5	0
13. Organize and utilize an occupational advisory committee.....	1	2	3	4	5	0
14. Promote, sponsor and advise student vocational or professional organizations.....	1	2	3	4	5	0
15. Interpret laws and regulations related to health occupations programs.....	1	2	3	4	5	0
16. Prepare program budgets.....	1	2	3	4	5	0
17. Prepare program reports.....	1	2	3	4	5	0
18. Promote positive relations with the community	1	2	3	4	5	0
19. Contribute to positive staff relations.....	1	2	3	4	5	0
How important is it for health occupations teachers to have Guidance and Counseling Competencies, including the ability to:	NOT AT ALL IMPORTANT				VERY IMPORTANT	DO NOT KNOW
20. Identify students' needs for guidance and counseling services.....	1	2	3	4	5	0
21. Make use of the available guidance and counseling services within the school system.....	1	2	3	4	5	0
22. Collect, maintain and disseminate information on students and graduates.....	1	2	3	4	5	0
23. Plan and conduct activities on educational and career opportunities.....	1	2	3	4	5	0
24. Assist students in applying for employment or further education.....	1	2	3	4	5	0
How important is it for health occupations teachers to have Research Competencies, including the ability to:	NOT AT ALL IMPORTANT				VERY IMPORTANT	DO NOT KNOW
25. Utilize basic research techniques in health related and educational research.....	1	2	3	4	5	0
26. Identify major sources of research in the subject matter field.....	1	2	3	4	5	0
27. Accurately interpret research reports.....	1	2	3	4	5	0
28. Utilize available resources for statistical, computational and other research consultation services.....	1	2	3	4	5	0

Q-3. We would also like to know your feeling about the teacher training needs of your health occupations teachers. Obviously, the individual needs of teachers will vary, but we are interested in your general feeling for the educational needs of your health occupations faculty.

For each of the objectives below, circle the number which best reflects your feeling about the general training needs of the health occupations teachers under your supervision.

To what extent do your health occupations teachers need training in Curriculum Development Competencies, including the ability to:	Teachers Need for Training (Circle one number per item)					
	NO NEED				HIGH NEED	DO NOT KNOW
1. Determine student needs as a basis for curriculum development	1	2	3	4	5	0
2. Determine community needs as a basis for curriculum development	1	2	3	4	5	0
3. Formulate goals and objectives based on identified needs	1	2	3	4	5	0
4. Design instructional plans which specify objectives, content, learning activities, resource materials and evaluation plans	1	2	3	4	5	0
5. Revise course curricula to reflect occupational trends	1	2	3	4	5	0
6. Develop teacher-made instructional materials	1	2	3	4	5	0
To what extent do your health occupations teachers need training in Instructional Competencies, including the ability to:	NO NEED				HIGH NEED	DO NOT KNOW
7. Utilize the most effective instructional materials and techniques to achieve the learning objectives.	1	2	3	4	5	0
8. Operate the equipment needed to present various instructional materials	1	2	3	4	5	0
9. Apply what is known about the way people learn to the way we teach	1	2	3	4	5	0
10. Prepare appropriately reliable and valid evaluation instruments	1	2	3	4	5	0
11. Provide instructional and related services to "special needs" students, i.e. handicapped and/or disadvantaged	1	2	3	4	5	0

To what extent do your health occupations teachers need training in Administration and Management Competencies, including the ability to:	Teachers Need for Training (Circle one number per item) NO NEED				HIGH NEED	DO NOT KNOW
12. Plan, coordinate and supervise cooperative work or clinical experience programs.....	1	2	3	4	5	0
13. Organize and utilize an occupational advisory committee.....	1	2	3	4	5	0
14. Promote, sponsor and advise student vocational or professional organizations.....	1	2	3	4	5	0
15. Interpret laws and regulations related to health occupations programs.....	1	2	3	4	5	0
16. Prepare program budgets.....	1	2	3	4	5	0
17. Prepare program reports.....	1	2	3	4	5	0
18. Promote positive relations with the community....	1	2	3	4	5	0
19. Contribute to positive staff relations.....	1	2	3	4	5	0
To what extent do your health occupations teachers need training in Guidance and Counseling Competencies, including the ability to:	NO NEED				HIGH NEED	DO NOT KNOW
20. Identify students' needs for guidance and counseling services.....	1	2	3	4	5	0
21. Make use of the available guidance and counseling services within the school system.....	1	2	3	4	5	0
22. Collect, maintain and disseminate information on students and graduates.....	1	2	3	4	5	0
23. Plan and conduct activities on education and career opportunities.....	1	2	3	4	5	0
24. Assist students in applying for employment or further education.....	1	2	3	4	5	0
To what extent do your health occupations teachers need training in Research Competencies, including the ability to:	NO NEED				HIGH NEED	DO NOT KNOW
25. Utilize basic research techniques in health related and educational research.....	1	2	3	4	5	0
26. Identify major sources of research in the subject matter field.....	1	2	3	4	5	0
27. Accurately interpret research reports.....	1	2	3	4	5	0
28. Utilize available resources for statistical, computational and other research consultation services.....	1	2	3	4	5	0

PART III: WAYS TO OFFER ACTIVITIES

Many different ways could be used to offer teacher training activities -- this part of the survey is designed to help determine which ways would be best for health occupations teachers in the state. Two different opinions are requested: appropriateness for the teachers (item Q-4), and feasibility within the resources of the state (item Q-5).

Q-4. For the following items, rate your feelings about how appropriate the method would be in meeting the teacher training needs of the health occupations teachers you supervise.

For the teachers you supervise, to what extent would it be appropriate to offer activities as:	Appropriateness (Circle one number per item) NOT AT ALL APPROPRIATE				VERY APPROPRIATE	DO NOT KNOW
1. Short-term workshops (1-2 days).....	1	2	3	4	5	0
2. Concentrated short courses (3 days-1 week)..	1	2	3	4	5	0
3. Course meeting 2-3 times a week for one quarter or semester.....	1	2	3	4	5	0
4. Course meeting once a week for one quarter or semester.....	1	2	3	4	5	0
5. Course meeting once a month or less for one quarter or semester.....	1	2	3	4	5	0
6. Independent study activities.....	1	2	3	4	5	0
7. Internships or other field based activities.	1	2	3	4	5	0
8. Individual assistance with curriculum or instruction (from state office or school personnel, or teacher educators).....	1	2	3	4	5	0

Q-5. In Washington we're somewhat limited in the ways we might offer teacher education activities. The limitations include geography, variations in population density and, of course, finances. For the following items, consider these limitations in rating your feelings about how feasible the method would be for use within the present resources of the state.

Considering our limitations in Washington, to what extent would it be feasible to offer activities as:	Feasibility (Circle one number per item) NOT AT ALL FEASIBLE				VERY FEASIBLE	DO NOT KNOW
1. Short-term workshops (1-2 days).....	1	2	3	4	5	0
2. Concentrated short courses (3 days-1 week)..	1	2	3	4	5	0
3. Course meeting 2-3 times a week for one quarter or semester.....	1	2	3	4	5	0
4. Course meeting once a week for one quarter or semester.....	1	2	3	4	5	0
5. Course meeting once a month or less for one quarter or semester.....	1	2	3	4	5	0
6. Independent study activities.....	1	2	3	4	5	0
7. Internships or other field based activities.	1	2	3	4	5	0
8. Individual assistance with curriculum or instruction (from state office or school personnel, or teacher educators).....	1	2	3	4	5	0

PART IV: BACKGROUND

Finally, we would like to ask a few questions about yourself for statistical purposes.

Q-6. At which type of institution are you employed?

		Circle the response(s) that provide(s) the best description	
1.	Secondary School or School District.....	FULL TIME	PART TIME
2.	Vocational-Technical Institute.....	FULL TIME	PART TIME
3.	Community College.....	FULL TIME	PART TIME

Q-7. Is your vocational background in: (Circle one number)

1. HEALTH OCCUPATIONS
2. TRADE, INDUSTRIAL OR TECHNICAL EDUCATION
3. OTHER (Please specify) _____

Q-8. In which of the following sections of the state are you employed as a supervisor of health occupations teachers? (Circle one number)

1. NORTHWEST SECTION (includes the districts for these community colleges: Everett, Edmonds, Skagit and Whatcom)
2. PUGET SOUND SECTION (community college districts: Bellevue, Green River, Highline, Seattle Central, North Seattle, South Seattle, and Shoreline)
3. WEST CENTRAL SECTION (community college districts: Fort Steilacoom, Olympic, Peninsula, and Tacoma)
4. SOUTHWEST SECTION (community college districts: Centralia, Clark, Grays Harbor, Lower Columbia, and Olympia Technical)
5. NORTHEAST SECTION (community college districts: Big Bend, Spokane, Spokane Falls, and Wenatchee Valley)
6. SOUTHEAST SECTION (community college districts: Columbia Basin, Walla Walla, and Yakima Valley)

9. In which of the following health occupations are the programs that you supervise? (Circle the numbers of all that apply)

1. ASSOCIATE DEGREE NURSING
2. DENTAL ASSISTING
3. DENTAL HYGIENE
4. MEDICAL LABORATORY TECHNOLOGY
5. MEDICAL RECORDS TECHNOLOGY
6. MENTAL HEALTH
7. NURSE'S ASSISTANT (AIDE/ORDERLY)
8. OPERATING ROOM TECHNOLOGY
9. PHYSICAL THERAPY
10. RADIOLOGIC TECHNOLOGY
11. RESPIRATORY THERAPY
12. VOCATIONAL/PRACTICAL NURSING
13. OTHER (Specify) _____

PART V: QUESTIONS WE DIDN'T ASK

Do you have any other opinions about what is being offered, or what might be offered, as teacher education activities for health occupations instructors? If so, please use this space to share those opinions with us -- use additional sheets, if necessary. Any suggestions or comments you would like to share will be appreciated.

Your contribution to our survey is very greatly appreciated. If you would like a summary of results, please print your name and address on the back of the return envelope (NOT on this questionnaire). We will make sure that you receive a copy.

Please return the completed questionnaire to Washington State University in the envelope provided.

APPENDIX D

RATERS FOR COMPETENCY RATING INSTRUMENT
AND
COMPETENCY RATING INSTRUMENT

RATERS FOR COMPETENCY RATING INSTRUMENT

Dorothy Asplund
(Former Health Occupations Program
Specialist, State of Washington)
Olympia, Washington

G. Lianne Erdoisa
(Former Coordinator, Health Occupations)
Coordinator, Sex Fairness Education
State Board for Vocational Education
Len B. Jordan Building
Boise, Idaho 83720

Dean C. Fletcher
(Former Director of the Center for Learning
Resources, College of Allied Health
University of Kentucky)
Chairman, Department of Foods, Nutrition, and
Institutional Management
Washington State University
Pullman, Washington 99163

Betty Ohrt, R. N.
(Former Associate Dean, Health Sciences
Eastern Washington University)
Spokane, Washington

Alyce Tobey
Program Specialist, Health Occupations
Office of SPI
Old Capitol Building
Olympia, Washington 98504

IMPORTANCE OF SELECTED PERFORMANCE OBJECTIVES
TO TEACHERS IN THE HEALTH OCCUPATIONS

As part of the Health Occupations Teacher Education Project, mail questionnaires will be sent to Washington health occupations teachers. This survey will determine teacher attitudes towards what should be included in their teacher education activities, and how such activities might be offered.

Among other items on the questionnaire, the teachers will be asked to rate the importance of, and their need for training in, various performance objectives. Please help us screen those objectives that are the most important to include on the questionnaire by rating the importance of each of the following objectives. These ratings will be used to determine the final list of objectives.

OBJECTIVES	Importance to Health Occupations Teachers (Circle One Number Per Item)				
Instructional Competencies Including the ability to:	NOT AT ALL IMPORTANT				VERY IMPORTANT
1. Utilize the most effective instructional materials and techniques to achieve the learning objectives.	1	2	3	4	5
2. Operate the equipment needed to produce and present various instructional materials	1	2	3	4	5
3. Develop student learning activities to facilitate instruction.	1	2	3	4	5
4. Select appropriate resources for instructional purposes.	1	2	3	4	5
5. Motivate students in the classroom and laboratory.	1	2	3	4	5
6. Teach at the students' level and rate of learning.	1	2	3	4	5
7. Develop a learning climate conducive to learning.	1	2	3	4	5
8. Prepare appropriately reliable and valid instruments of evaluation for measuring student performance and progress.	1	2	3	4	5
9. Develop appropriate instruments for measuring program effectiveness.	1	2	3	4	5
10. Develop and maintain effective and productive relationships with students.	1	2	3	4	5
11. Provide instructional and related services to "special needs" students, i.e. handicapped and/or disadvantaged.	1	2	3	4	5

Curriculum Development & Planning Competencies Including the ability to:	Importance to Health Occupations Teachers (Circle One Number Per Item) NOT AT ALL IMPORTANT				VERY IMPORTANT
12. Write performance objectives.	1	2	3	4	5
13. Develop daily lesson plans	1	2	3	4	5
14. Develop a course of study.	1	2	3	4	5
15. Revise courses to reflect recent occupational trends.	1	2	3	4	5
16. Select course content and learning experiences.	1	2	3	4	5
17. Conduct occupational analyses.	1	2	3	4	5
18. Determine needs and interests of students	1	2	3	4	5
19. Conduct community surveys to improve instruction or plan programs.	1	2	3	4	5
20. Develop classroom instruction based on the individual needs, abilities and interests of students.	1	2	3	4	5
21. Organize curricular experiences into sequential units.	1	2	3	4	5
22. Prepare teacher-made instructional materials.	1	2	3	4	5
23. Identify sources from which information may be obtained about new developments in the field.	1	2	3	4	5
24. Explain the current role and future implications of equivalency exams.	1	2	3	4	5
Administration and Management Competencies Including the ability to:					
25. Identify the character, purposes and importance of formal and informal organizational structures.	1	2	3	4	5
26. Apply principles of management to the organizational unit toward which the education is directed.	1	2	3	4	5
27. Identify the major categories into which financial accounting is divided and the institutional rationales for such a structure	1	2	3	4	5

Administration & Management Competencies Con't.	Importance to Health Occupations Teachers (Circle One Number Per Item) NOT AT ALL IMPORTANT				VERY IMPORTANT
28. Formulate a program budget.	1	2	3	4	5
29. Develop policies to maintain program effectiveness.	1	2	3	4	5
30. Prepare state reports.	1	2	3	4	5
31. Interpret and adhere to school policy. . .	1	2	3	4	5
32. Interpret safety rules and regulations to students.	1	2	3	4	5
33. Interpret the legal responsibilities and liabilities of a teacher.	1	2	3	4	5
34. Interpret laws and regulations relating to education.	1	2	3	4	5
35. Plan, coordinate and supervise cooperative work or clinical experience programs. . . .	1	2	3	4	5
36. Promote, sponsor and advise student vocational and occupational organizations and activities.	1	2	3	4	5
37. Organize and maintain an occupational advisory committee.	1	2	3	4	5
38. Develop and maintain positive relations with the community.	1	2	3	4	5
Guidance and Counseling Including the ability to:					
39. Identify students in need of guidance and counseling.	1	2	3	4	5
40. Make use of the available guidance and counseling services within the school system.	1	2	3	4	5
41. Collect, maintain and disseminate information on students and graduates.	1	2	3	4	5
42. Plan and conduct classroom and related activities on educational and career opportunities.	1	2	3	4	5
43. Assist students in applying for employment or further education.	1	2	3	4	5

Research including the ability to:	Importance to Health Occupations Teachers (Circle One Number Per Item) NOT AT ALL IMPORTANT				VERY IMPORTANT
44. Utilize basic research techniques in health related and educational research	1	2	3	4	5
45. Interpret statistics as used in graphs, charts and concise and analytical summaries.	1	2	3	4	5
46. Select and utilize appropriate research designs.	1	2	3	4	5
47. Identify major sources of research in the subject matter field and accurately evaluate the research reported.	1	2	3	4	5
48. Utilize available resources for statistical, computational and other research consultation services.	1	2	3	4	5
49. Describe how the computer and related data processing services can be utilized in the research process.	1	2	3	4	5
50. Maintain an active and continuing interest in professional reading, attendance at meetings and publications.	1	2	3	4	5

APPENDIX E

LETTER OF EXPLANATION AND INVITATION SENT TO VOCATIONAL-TECHNICAL INSTITUTE AND COMMUNITY COLLEGE VOCATIONAL DIRECTORS

WASHINGTON STATE UNIVERSITY
PULLMAN, WASHINGTON 99164

DEPARTMENT OF EDUCATION

January 20, 1978

Dear

During the last few years, vocational educators have been greatly concerned about teacher education opportunities available to health occupations teachers in our state. A study is being conducted to determine what the teachers themselves and their supervisors think about the best way to offer these activities, and what should be included. The results of the study should be of considerable value to vocational administrators and teachers alike. Because you are an administrator of vocational programs, I would like to apprise you of the purposes of the study and the methodologies employed.

The proposed procedure is to mail the questionnaires directly to each fulltime and parttime health occupations teacher in the state. To do this, a list of names and addresses of health occupations personnel at each school is needed. The plan is to telephone the health occupations supervisor at each community college and vocational-technical institute to request such a list. The lists will be destroyed after the survey is completed, in order to assure that they are not used for any other purpose.

As principal investigator of the project, I have coordinated my efforts with vocational education personnel in the Office of SPI and the State Board for Community College Education, in order to include health occupations teachers at all levels in the study.

If you have suggestions or reservations about the planned procedures as outlined, I would appreciate hearing from you as soon as possible. You can call me on SCAN at 426-2218, or on the regular line at (509) 335-2218.

Sincerely,

Muriel Oaks
Principal Investigator
Health Occupations Teacher Education Project

cc: Philip Medgard, Office of SPI
Jim Blue, SBCCE

APPENDIX F

FOLLOW-UP CORRESPONDENCE

Follow-up Postcard

Just a reminder!

A couple of weeks ago, we sent you a questionnaire dealing with issues related to teacher training opportunities for those in the health occupations. As of today, we have not yet received your completed questionnaire.

Your opinions are valuable in helping us understand what types of programs should be recommended for our state. If you haven't already done so, would you take the time now to complete the questionnaire and return it to us?

If this correspondence and your completed questionnaire have crossed in the mail, please disregard this notice. Or, if for some reason you did not receive our questionnaire, please call me, collect, and I will send you one. The number is (509) 335-2218 or 335-1640. Thank you for your cooperation and assistance in this study.

Sincerely,

Muriel Oaks, Principal Investigator
Health Occupations Teacher Education Project
Washington State University
Pullman, WA 99164

WASHINGTON STATE UNIVERSITY
PULLMAN, WASHINGTON 99164

DEPARTMENT OF EDUCATION

Improving inservice programs and developing preservice opportunities for health occupations teachers is a topic of high priority and concern among health occupations educators in our state. A study, supported by both the U.S. Office of Education and the Washington Commission for Vocational Education, is attempting to use input from teachers in developing guidelines for future teacher education activities. We're contacting you again because we're very interested in your opinions on the topic.

It is essential that the thinking of all health occupations teachers, at each institutional level and in all parts of the state, be represented. Each person has a unique perspective, a different approach to the issue. Please take this opportunity to share your opinions on what should be included in teacher education activities for the health occupations, and how such activities might best be offered. Enclosed is another copy of the instrument and a stamped, self-addressed return envelope for your convenience.

Your responses on the survey will, of course, remain anonymous. The identification number is used for mailing purposes only.

If you have any questions regarding the study you can write or call collect at (509) 335-2218 or 335-1640. Should you desire a summary of results, please write your name and address on the back of the envelope containing your completed questionnaire.

Thank you for your contribution.

Sincerely,

Muriel Oaks
Principal Investigator
Health Occupations Teacher Education Project

enclosures

APPENDIX G

HEALTH OCCUPATIONS TEACHER EDUCATION:
A SUMMARY OF AMERICAN
STATES' PRACTICES

COVER LETTER

WASHINGTON STATE UNIVERSITY
PULLMAN, WASHINGTON 99163

DEPARTMENT OF EDUCATION

Last December you were contacted by telephone for an interview about teacher training activities for health occupations teachers in your state. The results of that and similar nationwide interviews gave us a wealth of valuable information about the current "state of the art" in health occupations teacher education.

In response to your expressed interest, I am enclosing a summary of the results of the interviews. I think you will find the information interesting, and perhaps it will be useful for future planning in your state. The final product of this study, a document tentatively titled "Planning Guide for Health Occupations Teacher Education", will be available nationally through ERIC in the near future.

Thank you so much for your cooperation and contribution to the study.

Sincerely,

Muriel Oaks
Principal Investigator
Health Occupations Teacher Education Project

enclosures

HEALTH OCCUPATIONS TEACHER EDUCATION: A SUMMARY OF AMERICAN STATES' PRACTICES

Introduction

What kinds of teacher training are available to health occupations teachers throughout the United States? As part of a broader study of training for health occupations teachers in the State of Washington, an effort was made to determine the answer to this question. This is a summary of the findings, conclusions and recommendations of the study concerning programs across the nation.

Purpose

The purpose of this study was to determine the practices of each state in offering teacher education activities to health occupations educators.

Scope

All 50 states and the District of Columbia were included in the study.

Procedures

In each state, a person designated as a specialist in health occupations was contacted by a letter which summarized the goals and procedures of the study and suggested an approximate time for a telephone interview. The interviews were conducted by members of the project staff during December 1977, and early January 1978. Data were tabulated manually and analyzed by frequency.

Findings

An item-by-item analysis of the responses of the telephone interviews for each state revealed the following findings:

1. Twenty-seven states required teacher training activities for health occupations teachers before they began teaching.

2. Seventeen* states reported the existence of a preservice teacher preparation program specifically designed for health occupations teachers. Fifteen more indicated that a preservice program for trade and industrial teachers, open to health occupations teachers, was available.

3. The following list of inservice formats were utilized as indicated:

   a. short-term activities (workshops, seminars) for specific occupational groups: 27 states

*Responses were modified by subsequent data describing programs available for three states where programs were not reported in the telephone surveys.

b. concentrated, short-term courses leading to vocational certification: 38 states

c. formal college classes offered on campus: 50 states

d. college classes offered off-campus: 46 states

e. independent study opportunities: 39 states

f. internships or other field-based activities: 30 states

g. help from state office personnel: 45 states

4. A teacher educator with primary responsibility in health occupations was reported by 21 states.

5. Health occupations teachers earned credit for (at least some) teacher training activities that could be applied towards an undergraduate or graduate degree in 45 states.

6. The opportunity for health occupations teachers to go from one degree level to the next with no significant loss of credit was available in 31 states.

7. Vocational certification was required of health occupations teachers in 49 states.

8. Previous educational experience or preparation was evaluated by 37 states in lieu of teachers having to take courses required for certification.

9. Forty states reported using special techniques for providing teacher training in remote areas, the most common techniques being traveling teacher educators and/or extension courses, courses or workshops offered by regions within the state, independent study modules, and various audiovisual techniques.

10. Special activities for training health occupations teachers to incorporate student organizations into their programs were reported by 27 states. The most common formats used were workshops and college courses.

11. Forty states offered opportunities for health occupations teachers to learn to serve students with special needs; workshops and courses were again the most common formats used.

12. The most common source used to recruit teachers for health occupations programs were health care institutions, newspaper advertisements, and state office personnel.

13. Ten states reported making special efforts to recruit teachers of the opposite sex in those programs where one sex traditionally dominates. Specific techniques for such recruitment could seldom be identified, although several responses indicated a need to expand the number of

the "nontraditional sex" in the occupational pool (generally a need to encourage male enrollments).

Conclusions

These results suggest several conclusions about what is being done to provide training for health occupations teachers:

1. Considerable variation exists in the teacher training opportunities and requirements for health occupations teachers among states.

2. Most states have developed one or more means of providing teacher training to health occupations teachers, even in remote parts of the state. While some of these methods are relatively traditional, innovative methods are also being utilized.

3. Special training to help teachers deal with special needs students (disadvantaged and handicapped) is more commonly available to health occupations teachers than training to help them incorporate student organizations into their programs. However, both kinds of training are available in more than half the states.

4. While active recruitment of health occupations teachers is used in most states to find new teachers, few states have made special efforts to attract teachers of the opposite sex into programs where one sex traditionally dominates in number.

Recommendations

The results of this research identified national needs in health occupations teacher education that require special attention:

1. A need exists for a means of providing easily accessible, up-to-date information about health occupations teacher training efforts nationwide.

2. Those interested in, and responsible for teacher education in the health occupations need to make continued (and expanded) efforts to meet, share ideas, and work together to solve common problems.

3. Innovative and effective means of providing teacher education activities in remote areas need to be explored, and the results disseminated.

4. Those who are offering effective courses, workshops, or other activities dealing with the health occupations teachers and their relationship with special needs students or student organizations need to share their ideas, materials and techniques.

5. A need exists for identifying specific ways to recruit male teachers into traditionally female programs, and vice versa. The same needs to be done in encouraging nontraditional enrollments into programs where one sex traditionally dominates in number.

6. A general need exists for more research concerning health occupations teacher education efforts nationwide.

APPENDIX H

TEACHER EDUCATION IN THE HEALTH OCCUPATIONS:
SUMMARY OF RESULTS OF A SURVEY
CONDUCTED IN WASHINGTON STATE

COVER LETTER

WASHINGTON STATE UNIVERSITY
PULLMAN, WASHINGTON 99163

DEPARTMENT OF EDUCATION

Earlier this year, you shared your opinions about teacher training activities for the health occupations -- what the content should be, what formats should be used, and how far you would be willing to travel for inservice development activities. The study revealed a wealth of valuable information about Washington health occupations instructors and their needs for education as teachers.

In response to your interest in the study, I have enclosed a summary which highlights the results and conclusions. A more detailed report will be made available to each participating health occupations supervisor in Washington's community colleges and vocational-technical institutes. Copies will also be shared with the Office of the Superintendent of Public Instruction and the State Board for Community College Education. At the national level, they will be available through the Educational Resources Information Center (ERIC).

Throughout this study, I have been continually impressed with the dedication and professionalism of health occupations teachers and supervisors across the state. It's been a pleasure to be associated with them. Please accept my sincere thanks for your personal cooperation and contribution.

Sincerely,

Muriel Oaks
Principal Investigator
Health Occupations Teacher Education Project

enclosures

Teacher Education in the Health Occupations:

Summary Results of a Survey Conducted
in Washington State

Introduction

Vocational health occupations teachers and their supervisors in the State of Washington were polled to determine what content should be included in teacher training activities and how such activities should be offered. Mail surveys were used to gather data from teachers and supervisors at the secondary, vocational-technical institute, and community college levels. This summary is separated into five parts, reflecting findings of the four major divisions of the survey instruments and a section for conclusions.

Part I: Teacher Education Opportunities

In terms of teacher training opportunities for the health occupations, both the teachers and their supervisors agreed (on a scale from strongly disagree to strongly agree) with four items:

1. Health occupations teachers enrolled in teacher education activities should be granted college credit that applies toward a degree.

2. Courses required for vocational certification should have content that is more related to the health fields.

3. A preservice program specifically designed for preparing health occupations teachers should be provided.

4. A teacher educator with responsibility for health occupations would improve teacher training efforts in the State.

The supervisors and teachers disagreed with just one item related to teacher training opportunities. Neither group agreed with the item stating that present training opportunities were adequate for health occupations teachers in the State.

Additional questions related to teacher training opportunities were asked of teachers, but not supervisors. In response, the teachers indicated that:

1. They would like to have more direct input on the content of the inservice workshops available to them.

2. They preferred (but just to a slight degree) education opportunities specific for teachers within their own health occupation, to those in which teachers from various health occupations are grouped together.

3. Offering vocational certification courses during the W.V.A. summer conference is not convenient to them.

Part II: Content for Teacher Training Programs

Twenty-eight educational competencies were ranked by teachers and supervisors as to how important the competencies were and to what extent the teachers needed training to develop (or further develop) those competencies. As a result of the rankings, each of the competencies were assigned a priority rating. The majority of the high priority competencies were from the areas of curriculum and instruction. Most of the low priority items came from the guidance and counseling and research areas.

Part III: Ways to Offer Activities

Eight ways to offer teacher training were judged by teachers and supervisors according to how feasible and how appropriate the ways would be for use with health occupations teachers. Options given high priority were workshops, short courses, and independent study. Courses that met 2-3 times a week were given low priority.

Teachers (only) were asked how far they would be willing to travel to attend various kinds of teacher training activities under two kinds of conditions: (1) with reimbursement, and (2) with no reimbursement. Results of both ratings showed that teachers would travel furthest to attend short-term workshops and concentrated short courses. They would travel the least distance to attend courses meeting 2-3 times a week.

In an additional item, teachers indicated a preference for activities held during the week rather than on Saturdays.

Part IV: Background, Experience, Preparation

Present Teaching or Supervisory Assignment

More than three fourths of the teacher respondents (77.7%) were employed at the community college level; most of these were employed fulltime. About 10% of the respondents were employed by secondary schools; more than half were employed just parttime. The remaining teachers were employed by vocational-technical institutes (V.T.I.'s), generally fulltime. Instructors in the various nursing programs made up 65.2% of the teacher respondents, teachers of dental related occupations comprised 12.2%, with the remainder coming from the other health occupations. Following the general population trend, most teachers were employed in schools west of the Cascade Mountains.

Nearly half of the supervisors surveyed were from community colleges, about 40% from secondary schools and about 10% from V.T.I's. The majority were employed fulltime. The supervisors represented backgrounds in Health Occupations (38.5%), Trade, Industrial, and Technical Education (28.2%), and other occupations (33.3%). About two thirds of the supervisors were from west of the Cascade Mountains.

Demographic Information

The median age of total teacher respondents was about 37 years. Females were in the greatest majority among total respondents (92.5%).

Teaching and Non-Teaching Work Experience

As a total group, teachers were found to have just over 4 years of teaching experience (totalling all kinds of teaching experience). The total years of non-teaching work experience in teachers' area of health specialty was about 5 years. On an average, the group indicated their intention to continue teaching in the health occupations about another 3-6 years.

Past, Present, and Future Education

When they first began teaching, most health occupations teachers had more than two, but less than four years of college as their highest educational level. At the time of the survey, the median educational level had risen to more than a four year college degree, but less than a master's degree.

The percent of teachers working toward a higher degree was 26.7. Of these, 43.3% were working toward a master's degree, 32.8% toward a bachelor's, 13.4% toward an associate, 9.0% toward a doctorate, and 1.5% toward other degrees. Of the teachers not working toward a degree, nearly 40% indicated they would be interested in pursuing a degree if they could get college credit for some or all of their previous clinical/professional experience.

A large majority (85.9%) reported enrollment during the school year in some type of professional improvement activity. The most frequently cited reasons for enrolling were to gain information for their job and for personal enrichment.

Conclusions

Results of the study suggest that Washington health occupations teachers have needs for teacher training that are not being met. Further analysis provided information on ways to meet those needs.

Both teachers and supervisors were in agreement on most items concerning what subject matter to include in teacher training activities and how those activities should be offered. Subjects related to curriculum and instruction were found to be most appropriate as content; research and guidance and counseling competencies were generally rated lowest. Formats for teacher training activities considered most appropriate for health occupations teachers were those that were minimally time consuming (e.g., workshops), or those that allowed a flexible use of time (e.g., independent study).

Findings of the study not only provided data about the content and formats for teacher training activities, but provided a profile on the background, experience, and preparation of Washington health occupations teachers as well.

Health Occupations Teacher Training in Washington State:

A REPORT OF RESEARCH DATA FOR PROGRAM DEVELOPMENT

by
Muriel K. Oaks

Department of Education
Washington State University
Pullman, Washington

September, 1978

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HEALTH OCCUPATIONS TEACHER TRAINING IN WASHINGTON STATE:

A REPORT OF RESEARCH DATA FOR PROGRAM DEVELOPMENT

by

Muriel K. Oaks

Department of Education
Washington State University
Pullman, Washington

September, 1978

This document is the result of research supported by grants from the U.S. Office of Education and the Washington Commission for Vocational Education. The recommendations expressed and conclusions drawn are the responsibility of the project staff, and do not reflect the official position or policy of either sponsoring agent.

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INTRODUCTION

This Report is one of the products of a research project funded jointly by the U.S. Office of Education and the Washington Commission for Vocational Education. That project, entitled "Defining Teacher Education for the Health Occupations," was conducted from September 1977, through September 1978.

Need and Purpose of the Report

Training programs in the health occupations certainly are not new. For decades, hospitals utilized these programs to train nurses, radiologic technologists, and other health workers. However, rising hospital costs and increased demand for health workers have shifted the location of training from clinical facilities to education institutions. Now in the State of Washington, some of the primary sources of trained health workers are community colleges, vocational-technical institutes (VTI's), and (at least for nursing assistants) secondary schools.

One of the results of this increased need and the shift from clinical to educational base has been an increase in the number of teachers in the field. Especially within the last 10 years, the number of health occupations teachers has expanded to the point that they now form a "critical mass," sufficient numbers ($n \cong 450$) to support their own teacher training activities.

For those concerned with the development of educational activities for health occupations teachers, several questions are likely to arise:

What content should be included?

How should the activities be offered--what formats should be used?

How far would teachers be willing to travel?

How should degree programs and inservice programs for health occupations teachers be designed?

Which institutions in the State already have degree programs that might be appropriate for health occupations teachers?

The purpose of the Report is to answer those questions. In addition, some basic background information about health occupations teachers is included: data related to teachers' age, sex, geographic location, work and teaching experience, and more.

The information and suggestions are in no way meant to be prescriptive. The Report basically is a presentation of research data which can be used for reference by program planners in the health occupations.

Sources of the Data

The information included in the Report was gathered as the result of a broader research project related to health occupations teacher training. Several sources of data were used:

1. Review of literature related to health occupations teacher training.

2. Telephone interviews with health occupations state supervisors nationwide related to teacher training efforts elsewhere.

3. Mail surveys of health occupations teachers and their supervisors related to teacher training opportunities, competencies, and ways to offer activities. For teachers only, additional items were related to teachers' willingness to travel and background information.

4. Telephone interviews with personnel in Washington higher education institutions related to degree programs available to health occupations teachers.

Content of the Report

The Report has been developed for persons who are interested in--and/or responsible for--providing teacher training to health occupations teachers. In an effort to make the information as useful as possible, data were separated by teacher subgroup according to common divisions of health occupations teachers. Two major subgroups of teachers were identified: community college teachers were compared with VTI and secondary teachers, and nurses were compared with non-nurses. Because the administrative structure of public education divides responsibility for teacher inservice by educational level (the Office of the Superintendent of Public Instruction is responsible for secondary and VTI teachers, while the State Board for Community College Education is responsible for teachers in the community college system) the opinions and recommendations of community college teachers were separated from those of secondary and VTI teachers. Responses of nurses and those of other health occupations teachers (non-nurses) included in the study are presented separately since nurses are often recipients of teacher training designed specifically for that group.

The Report is divided into six major parts. Part 1 is entitled Suggested Content for Teacher Training, with content defined in terms of teacher competencies. The title of Part 2 is Suggested Formats for Teacher Training. Formats were derived from ideas gleaned from other states and from responses on the mail surveys. Part 3 is entitled Suggestions for Degree Programs, and Part 4 is Additional Suggestions for Inservice Programs. The content of both parts was based on responses from teachers to the mail survey. Part 5 is entitled Institutions Offering Degree Programs, and presents general information related to degree programs of interest to health occupations teachers at institutions within the State. The title of Part 6 is Profile of Health Occupations Teachers in Washington State. Included are data related to the teachers'

employment status, age, sex, geographic location, work and teaching experience, and educational level.

Added to the six major parts of the Report are a Bibliography, listing related references, and two appendices. Appendix A is entitled Selected Comments from Respondents to the Mail Surveys. Written comments from teachers and supervisors on the survey instruments were grouped by category (categories included suggestions for content, suggestions for format, teacher frustration with present teacher training, and comments on needs for changes and/or follow-up activities). Appendix B is titled Job Description for Health Occupations Teacher Educator. Included are examples of qualifications and responsibilities of a teacher educator for the health occupations.

How to Utilize the Report

Titles and page numbers of the various sections of the Report are outlined in the Table of Contents. It is suggested that the reader first scan the Table of Contents to identify sections of specific interest. Sections are more or less autonomous, so that readers can consult one or a combination to meet a variety of needs and interests.

At the end of each section, a summary section, enumerating the major findings of the section, is included. Page numbers of the summaries are given in the Table of Contents. To gain an overview of the Report, readers are encouraged to consult the summary sections first.

Data related to specific subgroups of health occupations teachers are delineated in many cases throughout the report. Depending on their interests and orientation, readers will thus be able to refer to information concerning specific teacher groups (community college teachers, secondary and VTI teachers, nursing teachers, and non-nursing teachers) or to information about the teachers as a total group.

NOTE: While the Report was based on valid and approved research concepts and techniques, it contains only suggestions derived from the information available. As in any research, the data is subject to various interpretations. Throughout the document, each topic or suggestion is followed by a general analysis of research results related to the topic. Readers utilizing this Report are encouraged to evaluate suggestions and results in light of their own experience and objectives.

PART 1

SUGGESTED CONTENT FOR TEACHER TRAINING

Introduction

The content of teacher training activities for this research was defined in terms of 28 educational competencies. The competencies came from previous studies in the field, refined to the final number by a jury of health occupations specialists from Washington State.

As part of both the teachers' and supervisors' surveys used to gather data for this Report, respondents were asked to rate each of the 28 competencies on two scales: (1) How important is the competency for health occupations teachers, and (2) How much do you (or the teachers you supervise) need further training to develop the competency? The results of ratings on both scales were used to prioritize the competencies (high, moderate, or low priority) as the basis for defining teacher training content (Table 1).

Priority categories outlined in Table 1 can be used to specify subject matter for subgroups of teachers or for teachers as a group. One interpretation would be to consider the high priority competencies as the most important subject matter for health occupations teachers, and the moderate priority competencies somewhat less important.

NOTE: Table 1 (and many subsequent tables) refers to a total of 281 teachers, representing all teacher respondents. This group was divided first by occupation, separating the responses of nurses(n=179) and non-nurses(n=102). The total group was separated a second time by institutional level, separating opinions of community college teachers (n=219) and those of secondary and vocational-technical institute (VTI) teachers (n=62). The result was two pairs of groupings, with each pair totalling 281 teachers (the number of total teacher respondents). In those cases where supervisors responded to the same items as teachers, supervisors' responses are included as a separate category.

Table 1

Competencies for Teacher Training Activities:
Priority for Use, by Respondent Groups

Table 1

Competencies for Teacher Training Activities:
Priority for Use, by Respondent Groups

Competencies	Respondent groups					
	Nursing teachers (n=179)	Non-nursing teachers (n=102)	Secondary and VTI teachers (n=62)	Community college teachers (n=219)	Total teachers (n=281)	Total supervisors (n=41)
	Curriculum Development Priorities[a]					
Determine student needs as a basis for curriculum development	high	high	high	high	high	mod.
Determine community needs as a basis for curriculum development	mod.	mod.	mod.	mod.	mod.	mod.
Formulate goals and objectives based on identified needs	high	high	high	high	high	high
Design instructional plans which specify objectives, content, learning activities, resource materials and evaluation plans	high	high	high	high	high	high
Revise course curricula to reflect occupational trends	high	high	high	high	high	high
Develop teacher-made instructional materials	mod.	mod.	mod.	mod.	mod.	mod.
	Instructional Priorities[a]					
Utilize the most effective instructional materials and techniques to achieve the learning objectives	high	high	mod.	high	high	high
Operate the equipment needed to present various instructional materials	mod.	mod.	low	low	low	low
Apply what is known about the way people learn to the way we teacher	high	high	high	high	high	high
Prepare appropriately reliable and valid evaluation instruments	high	high	high	high	high	high
Provide instructional and related services to "special needs" students, i.e. handicapped and/or disadvantaged	mod.	mod.	mod.	mod.	mod.	mod.
	Administration and Management Priorities[a]					
Plan, coordinate and supervise cooperative work or clinical experience programs	mod.	high	mod.	high	mod.	high
Organize and utlize an occupational advisory committee	low	low	low	mod.	mod.	mod.
Promote, sponsor and advise student vocational or professional organizations	low	low	low	low	low	mod.

Interpret laws and regulations related to health occupations programs	mod.	mod.	mod.	mod.	mod.	mod.
Prepare program budgets	mod.	mod.	mod.	mod.	mod.	low
Prepare program reports	low	mod.	low	mod.	low	mod.
Promote positive relations with the community	low	high	high	high	mod.	high
Contribute to positive staff relations	high	high	high	high	high	high
Guidance and Counseling Priorities[a]						
Identify students' needs for guidance and counseling services	high	high	high	high	mod.	mod.
Make use of the available guidance and couseling services within the school system	low	low	high	low	low	high
Collect, maintain and disseminate information on students and graduates	low	low	mod.	low	low	low
Plan and conduct activities on educational and career opportunities	low	low	mod.	low	low	mod.
Assist students in applying for employment or further education	low	low	low	low	low	mod.
Research Priorities[a]						
Utilize basic research techniques in health related and educational research	low	mod.	low	mod.	low	low
Identify major sources of research in the subject matter field	low	mod.	low	mod.	low	low
Accurately interpret research reports	low	mod.	low	mod.	mod.	low
Utilize available resources for statistical, computational and other research consultation services	low	mod.	low	mod.	low	low

[a] Based on median scores for both importance and need for training.
[b] mod. = moderate

Discussion of Related Results

An analysis of priority ratings showed that, in general, competencies related to curriculum planning and instruction were most often given high priority by all groups. Teachers seemed to put high priority on developing abilities that would be of immediate benefit in the classroom. Individual items from other competency areas that were generally given high priority included promoting positive relations with the community, contributing to positive staff relations, and identifying students' needs for guidance and counseling services.

Competencies given low priority varied among respondent groups. For example, nursing teachers, non-nursing teachers, and community college teachers all gave four out of five guidance and counseling competencies a low priority assignment. Secondary and VTI teachers and supervisors rated most of the same competencies as high or moderate priority. The higher priority for guidance and counseling competencies, especially by secondary teachers, may be due to a greater need by younger students for more career information. At the community college level, students have generally made a more positive commitment to their occupational training. Competencies related to research were all given low priority by nursing teachers, secondary/VTI teachers, and supervisors. On the other hand, non-nursing teachers and community college teachers considered the research competencies to be moderate priority.

Summary of Findings Related to Content

Most of the teacher subgroups analyzed for this research seemed to feel that competencies related to curriculum development and instruction should have the highest priority for the content of teacher training activities. Nursing teachers, non-nursing teachers, community college teachers, and total teachers all considered most guidance and counseling competencies to be low priority. Nursing teachers, secondary/VTI teachers, and supervisors considered research competencies as low priority for teacher training content.

PART 2

SUGGESTED FORMATS FOR TEACHER TRAINING

Introduction

In gathering information for this project, one of the primary aspects was trying to determine just how teacher training activities should be offered. Many related questions were raised. For instance:

What ways to offer activities are most appropriate for health occupations teachers: College courses? Workshops or seminars? Independent study? Field based activities?

Which days of the week are best?

What's being done in other states that might be adaptable for Washington?

How far would teachers be willing to travel in order to attend various kinds of activities?

This part of the Report provides some of the answers.

Several sources were used to gather this data. Responses on the teachers surveys were the primary source. The review of literature and telephone interviews with various state supervisors of health occupations provided some additional information.

Ways to Offer Activities

Teachers were asked to rate the appropriateness and feasibility of eight optional ways to offer teacher training. Ratings on both appropriateness and feasibility scales were used to assign each option to a priority category (high, moderate, or low), as shown in Table 2.

Table 2

Ways to Offer Teacher Training: Priority of Eight Options as Rated by Respondent Groups

Formats	Respondent Groups: Nursing teachers (n=179)	Non-nursing teachers (n=102)	Secondary and VTI teachers (n=62)	Community college teachers (n=219)	Total teachers (n=281)	Total supervisors (n=41)
	Priority Rating (Based on median scores for appropriateness and feasibility)					
Short-term workshops	high	high	high	high	high	high
Concentrated short courses	high	high	moderate	high	high	high
Independent study activities	high	moderate	high	moderate	moderate	high
Individual assistance with curriculum or instruction	moderate	high	high	moderate	high	moderate
Course meeting once a week	moderate	moderate	moderate	high	high	moderate
Course meeting once a month or less	moderate	moderate	moderate	moderate	moderate	moderate
Internships	moderate	moderate	moderate	moderate	moderate	moderate
Course meeting 2-3 times a week	low	low	low	low	low	low

Discussion of Related Results

In analyzing the priority categories by teacher subgroup, it was found that, in general, the options rated highest were one of two types. The first type was options that required a relatively short time commitment, such as short-term workshops (rated high by all groups). Concentrated short courses were given a high priority by all groups except secondary and VTI teachers, who rated the option moderate. The second type receiving high priority status was options allowing a relatively flexible use of the teacher's time, such as independent study and individual assistance with instruction. The first option was given high priority by nursing teachers, secondary/VTI teachers, and supervisors, while the latter was rated high by non-nursing teachers and secondary/VTI teachers. Courses meeting once a week were given high priority by just one group, the community college teachers.

A possible explanation for some of the differences in priority of options among groups is that the secondary teachers generally have problems in finding substitutes for their classes, since they are frequently the only health occupations teacher in the school. Options which require these teachers to be absent from the classroom would be less desirable than those that allow a more flexible use of time.

The only option rated as low priority was a course meeting 2-3 times a week. All subgroups concurred on the low priority of that option.

Preferred Day(s) of the Week

The mail survey sent to teachers asked respondents to indicate on which day(s) of the week they preferred to attend teacher training activities. The results are summarized by teacher subgroup in Table 3. In addition, a few teachers wrote in other suggestions for times that might be appropriate.

Table 3

Percent of Responses for Preferred Day of the Week for Attending Teacher Education Activities, by Respondent Group

	Respondent Groups				
Options	Nursing teachers (n=179)	Non-nursing teachers (n=102)	Secondary and VTI teachers (n=62)	Community college teachers (n=219)	Total teachers (n=281)
	Percent				
During the week	60.0	55.2	64.4	56.6	58.4
On Saturdays	24.1	21.8	23.7	23.2	23.3
Does not matter	15.9	23.0	11.9	20.2	18.3
Total	100.0	100.0	100.0	100.0	100.0

Discussion of Related Results

For all teacher subgroups, weekdays were the preferred choice for the time to offer teacher training activities. More than half of the respondents in each group selected "during the week" as the best time. Significantly, however, more than 20% of each group preferred Saturdays for teacher training. In fact, when responses

for "on Saturdays" and "does not matter" were combined, 35% or more of each group gave a positive response, indicating a potentially significant audience for Saturday activities. In the "comments" section of the teachers' survey, several respondents sugested a Friday evening-Saturday combination as an appropriate time for workshops.

Ideas from Other States

Part of the research procedures for this study was to conduct telephone interviews with state supervisors of health occupations in all 50 states. The purpose of these interviews was to determine the "state of the art" for teacher training efforts across the country. One of the questions asked was whether or not any special techniques were used to provide teacher training to health occupations teachers in remote areas. Answers given by the supervisors provided ideas for possible adaptation in Washington State. Table 4 lists techniques used by two or more states in providing teacher training for those in remote areas.

Table 4

Techniques Used by States to Provide Teacher Training to Health Occupations Teachers in Remote Areas

Technique	Number of States
Traveling teacher educators/extension courses	13
Performance based teacher education modules - Independent study	10
Courses offered by region within the state	8
Audio visual techniques[a]	6
Courses offered at area community colleges or vocational schools	4
Regional health occupations specialists	2

[a]Includes such techniques as educational television, educational telephone network, combination television/telephone system, teleconference network through hospital association, videotape courses, and loan materials through medical library systems.

Additional techniques reported, but not used by more than one state included:

1. Mobile units
2. Teachers from large school district going to smaller schools to provide inservice
3. Individualized instruction: training opportunities developed on an individual basis when needed
4. Consortium in content areas for teacher training

In addition to options which took the training to teachers, several states reported various ways to motivate the teachers to travel to attend educational activities. Such methods included:

1. Travel reimbursement and/or per diem for teacher travel
2. Tuition reimbursement for graduate credit

Discussion of Related Results

The most common method used by states to provide teacher training in remote areas was to offer extention courses by having teacher educators travel to various areas of the state. Variations on the same theme were to offer courses (or other types of training activities) by region, offering courses at area community colleges or vocational schools, providing health specialists by region within the state, and having teachers from large school districts go to smaller schools to provide inservice. Mobile units were also used to bring teacher training to the field.

An alternate technique was to bring the teachers to the training. Related methods included bringing in uncertified teachers for courses every other weekend, paying teachers for travel, giving teachers credit or reimbursement for traveling to attend courses, providing travel for teachers to come to a central location during the summer, giving compensatory time for workshops, and providing tuition reimbursement for graduate credit.

Independent study and individualized study techniques were also reported. The performance based teacher education modules were especially popular--the modules developed by Ohio State University were reported being used by many states.

Audiovisual techniques were reported by several states. Television, telephone, and videotape techniques, plus combinations of these methods were used.

In summary, most states where teacher isolation is a problem (in practice, all but the smallest states) seem to have developed one or more means of providing teacher training to health occupations teachers across the state. While some of these methods are relatively traditional, innovative techniques are also being used.

Teachers' Willingness to Travel

As part of the mail survey, teachers were asked about their willingness to travel for education. The items on the survey stated:

1. Indicate how far (one way) you would be willing to travel to attend various kinds of (teacher training) activities if you were being reimbursed for all mileage.

2. Indicate how far (one way) you would be willing to travel to attend the same kind of activities with no reimbursement for mileage.

Summarizing both responses, three groups of activities were identified. First, the types of activities teachers would travel furthest to attend include:

1. Short-term workshops (1-2 days)
2. Concentrated short courses (more than 2 days, up to 1 week)

Second, the types of activities teachers would travel a moderate distance to attend include:

1. Courses meeting once a month
2. Individual assistance with curriculum or instruction
3. Internships
4. Courses meeting once a week

Third, the type of activity teachers would travel the least distance to attend would be:

1. Courses meeting 2-3 times a week

Teachers' responses to the "willingness to travel" items are presented by teacher subgroup in Table 5. A second analysis of the same subject was to compare teachers' willingness to travel with their geographic location within the State. The figures by geographic area are presented in Table 6.

Table 5

Formats for Offering Teaching Training: Range of Miles Teachers are Willing to Travel, Both With and Without Reimbursement, by Respondent Group

Formats	Respondent Group				
	Nursing teachers (n=179)	Non-nursing teachers (n=102)	Secondary and VTI teachers (n=62)	Community college teachers (n=219)	Total teachers (n=281)
	Median scores[a]				
Short-term workshops	3.74/2.44[b]	3.90/2.72	3.04/2.08	4.07/2.72	3.78/2.52
Concentrated short courses	4.00/2.32	4.42/2.47	3.00/2.04	4.36/2.48	4.10/2.37
Course meeting once a week	1.64/1.30	1.38/1.23	1.70/1.31	1.48/1.26	1.54/1.27
Course meeting 2-3 times a week	1.10/1.09	1.15/1.10	1.10/1.09	1.12/1.09	1.16/1.09
Course meeting once a month	2.12/1.65	2.17/1.63	2.07/1.65	2.16/1.64	2.14/1.64
Internships	1.49/1.27	1.58/1.26	1.83/1.29	1.45/1.26	1.52/1.26
Individual assistance	1.81/1.43	1.98/1.43	1.86/1.40	1.88/1.44	1.88/1.43

[a] Derived from the following scale used on the survey instrument:

1 = 0 - 20 miles
2 = 21 - 50 miles
3 = 51 - 100 miles
4 = 101 - 200 miles
5 = 201 - 300 miles
6 = 301 - 400 miles

[b] First number represents with reimbursement/second without reimbursement.

Table 6

Formats for Teacher Training Activities: Teachers' Willingness to Travel for Attendance, Both With and Without Reimbursement, by Teachers' Geographic Location

Format	Geographic Location					
	Northwest section (n=25)	Puget Sound section (n=89)	West central section (n=49)	Southwest section (n=35)	Northeast section (n=30)	Southeast section (n=41)
	Median scores[a]					
Workshops	3.48/2.24[a]	3.85/2.48	3.44/2.42	4.25/3.26	3.31/3.77	4.15/3.10
Short courses	3.60/2.16	4.00/2.57	3.67/2.64	4.50/3.33	4.25/3.17	4.07/2.87
Course meeting once a week	1.64/1.16	1.49/1.36	1.63/1.52	1.87/1.65	1.53/1.35	1.95/1.65
Course meeting 2-3 times a week	1.16/1.08	1.10/1.09	1.27/1.22	1.42/1.28	1.18/1.31	1.52/1.27
Course meeting once a month	2.32/1.80	2.15/1.89	2.04/1.84	2.76/2.28	2.82/2.31	2.44/2.27
Internships	1.67/1.50	1.91/1.50	2.20/1.77	2.13/2.00	2.00/2.19	2.70/2.26
Individual assistance	2.16/1.76	2.00/1.64	2.25/1.91	2.46/2.52	2.57/2.67	2.86/2.26

[a]Derived from the following scale used on the survey instrument:

1 = 0 - 20 miles	4 = 101- 200 miles
2 = 21 - 50 miles	5 = 201 - 300 miles
3 = 51 - 100 miles	6 = 301 - 400 miles

[b]First number represents with reimbursement/second without reimbursement.

Discussion of Related Results

An analysis of the summary data shows that teachers were willing to travel the longest distances to attend "one shot" activities, i.e. activities the teacher could complete in a single attendance. They were least willing to travel to attend activities that required repeated travel over an extended period of time, i.e. courses offered 2-3 times a week.

As a subgroup, secondary and VTI teachers were least willing to travel long distances to become involved in teacher training (Table 5). Community college teachers were willing to go the furthest.

Close analysis of the data by geographic location in Table 6 reveals that teachers in the northeast, southeast, and southwest sections of the State were generally willing to travel farther than those in the northwest, Puget Sound, and west central sections. One theory to explain the discrepancy is that because the greatest population in Washington is found in the Seattle-Tacoma area, teacher training activities (and other professional activities) are most frequently centered there. Teachers within relatively easy driving distance to Seattle-Tacoma are less accustomed, and perhaps less willing, to drive the same distances as teachers from other parts of the State in order to attend professional improvement activities.

Summary of Findings Related to Activity Formats

Research results concerned with ways to offer teacher training revealed that in general:

1. Teachers preferred activity formats that require a relatively short time commitment, (i.e. short courses and workshops), or those that allow a flexible use of time (i.e. independent study).

2. Teachers preferred teacher training during the week, rather than on Saturdays.

3. Formats used by other states to offer teacher training in remote areas provided ideas adaptable to Washington State.

4. Teachers would travel furthest to attend activities that require a short time commitment and would travel the least distance to attend courses that meet 2-3 times a week.

PART 3

SUGGESTIONS FOR DEGREE PROGRAMS

Introduction

One of the most challenging aspects of developing professional improvement programs for health occupations teachers is that they vary so greatly in their educational background. Of the teachers polled for this study, the highest educational levels ranged from high school graduate to Ph.D. As a result, appropriate degree programs for teachers range from associate to graduate programs.

Another aspect related to degree programs is that, at present, no preservice program specifically designed for health occupations teachers exists in the State of Washington. Responding to the mail survey, teachers and supervisors generally agreed that such a program should be made available in the State.

A third aspect is that in the State of Washington currently, no teacher educators with background and experience in health occupations are employed by state educational agencies or teacher training institutions. Survey respondents seem to feel that such a person would have a positive influence on health occupations teacher training in the State. A sample job description for a health occupations teacher educator is presented in Appendix B.

This part of the Report contains information useful in designing or adapting degree programs to meet the needs of health occupations teachers in Washington State. Information is based on responses from teachers on the mail survey.

Credit for Experience

A significant number of health occupations teachers interested in working towards a degree have a considerable amount of professional and/or clinical experience, but a relatively small amount of academic preparation. Especially for those without a baccalaureate degree, teachers are usually expected to start "from scratch" in working towards a degree--and many of them resent it. Nearly 40% of the teachers indicated an interest in pursuing a degree if credit for experience were available (Table 7).

Program Availability

The large size of the State of Washington makes travel within the State an inconvenience, especially for those who live a considerable distance from population centers. And, while a well-developed system of higher education provides public universities across the State, teacher training opportunities are not equally available at each institution. As part of their responses to the mail survey, more than one fourth of the teachers indicated that they would be interested in pursuing a degree if the institution offering the degree were closer geographically and/or if mobile programs were available that would bring at least some required courses to their area (Table 7).

Leave of Absence

Teachers were also interested in ways to find more time to become involved in a degree program. A significant percentage of teachers (24.2) indicated they would be motivated in working toward a degree if the institution for which they worked would grant a year's leave of absence for education (Table 7).

Table 7

Percent of Responses for Reasons Teachers Would be Interested in Working Toward a Higher Degree, by Respondent Group

Reasons for working toward a higher degree	Respondent Group				
	Nursing teachers (n=179)	Non-nursing teachers (n=102)	Secondary and VTI teachers (n=62)	Community college teachers (n=219)	Total teachers (n=281)
	Percent				
College credit for some or all of your previous clinical/ professional experience was available.	38.5	40.2	51.6	35.6	39.1
College offering degrees had mobile programs (e.g. traveling teacher educators or off-campus courses) that would bring at least some required courses to your area.	30.2	23.5	30.6	26.9	27.8
The college or university offering the degree were closer to you geographically.	29.1	21.6	32.3	24.7	26.3
A program that related more specifically to health occupations were available.	28.7	25.5	33.9	23.3	24.2
The institution for which you work would allow a minimum of one year's leave of absence for advanced education.	25.1	22.5	32.3	21.9	24.2
Other reasons	13.4	12.7	11.3	13.7	13.2

Health Occupations Programs

Many of the teachers responding to the mail survey felt they would be interested in a degree if a program more specifically related to health occupations were available (Table 7). In a related item, teachers responded that a preservice program for health occupations teachers should be available somewhere in the State (Table 8). The implication is a need to create at least one degree program in the State with an orientation toward health occupations teachers. Because of the divergency in teachers' backgrounds, programs at both the preservice and graduate levels would be appropriate.

Table 8

Median Scores by Respondent Group Concerning the Item: A Preservice Program Specifically for Preparing Health Occupations Teachers Should be Available in Washington

Respondent Groups					
Nursing teachers (n=179)	Non-nursing teachers (n=102)	Secondary and VTI teachers (n=62)	Community college teachers (n=219)	Total teachers (n=281)	Total supervisors (n=41)
Median scores[a]					
4.05	4.54	4.53	4.18	4.28	4.17

[a]Derived from the following scale used on the survey instrument:
1 = Strongly disagree
3 = Neutral
5 = Strongly agree

Teacher Concerns

Most aspects of degree programs that were addressed in this research were institutional concerns, such as offering credit, making programs more available, and developing programs for the health occupations. However, other reasons for not being able to pursue a degree were cited by teachers. The primary reasons, summarized in Table 9, related to lack of money, lack of time, and lack of goals that require a degree.

Table 9

"Other" Reasons Teachers Would be Interested in Working Toward a Higher Degree (Responses Collected as Write-in Reasons)

Reason	Frequency
Finances, e.g. higher education costs are beyond my budget without some financial aid	20
Time, e.g. my present teaching load (and often, family responsibilities) leave no time for further education	12
Goals, e.g. if I knew which area to get a degree in, or if I had a goal that required a degree, I would be more interested in pursuing one	5

One way of meeting these teacher concerns is to develop programs that create the least financial burdens to potential students. Financial aid, tuition reimbursement by the employing institution, and programs suited to the parttime learner would all help contribute to the goal. Another method is that employing institutions and degree granting institutions could cooperate in developing a system which would aid teachers in pursuing a degree. Employers might

consider release time, sabbatical leave, and possible adjusted teaching loads. Degree granting institutions could consider programs for parttime learners.

- **Health Occupations Teacher Educator**

The State of Washington has teacher educators with backgrounds in Agricultural Education, Distributive Education, Home Economics Education, Office Education, and Trade and Industrial Education. In universities across the State, these "teachers of teachers" help to develop preservice and inservice programs for teachers in their respective disciplines. One of the questions asked of teachers and supervisors in the mail survey was related to the significance of a teacher educator from the health occupations for the State. The majority of both teachers and supervisors seemed to feel that a health occupations teacher educator would have a positive influence on teacher training efforts in the field.

Table 10 presents a summary of median scores by teacher subgroup, total teachers, and total supervisors, concerning the need for a teacher educator from the health occupations. Teachers were positive to the concept, both as a total group and within each subgroup. Supervisors also responded positively, but to a lesser degree than teachers.

Appendix B contains a sample job description for a health occupations teacher educator. Such a position might be at the university level and/or at the state office level, but is generally related to the development of inservice, preservice, and graduate level programs for health occupations teachers.

Table 10

Median Scores by Respondent Group Concerning the Item: If Washington Had a Teacher Educator at One of the Universities Whose Background and Responsibility Were In Health Occupations, It Would Make Signficant Improvement in the Education Opportunities for Teachers in the Field

Respondent Groups					
Nursing teachers (n=179)	Non-nursing teachers (n=102)	Secondary and VTI teachers (n=62)	Communtiy college teachers (n=219)	Total teachers (n=281)	Total supervisors (n=41)
Median scores[a]					
4.22	4.21	4.19	4.23	4.22	3.44

[a]Derived from the following scale used onthe survey instrument:
1 = Strongly disagree
3 = Neutral
5 = Strongly agree

Discussion of Related Results

Respondents not already working toward a degree were asked what might motivate them to return to student ranks. Of five motivating factors offered, the one marked most often was getting college credit for previous experience. Health occupations teachers seem especially sensitive to building on prior learning in working toward a higher degree. This sensitivity may be due in part to the extensive--and often difficult--clinical preparation of many of these teachers for which no academic credit was earned. Further development up the career ladder may mean repetition of previously learned material just to meet a "paper" requirement.

Teachers also indicated they would be motivated by opportunities which gave them easier access to college programs. Because most health occupations teachers are female, many are attempting to combine family responsibilities and career. This dual role often makes extensive travel not only undesirable, but unfeasible for these teachers.

Another motivating factor marked by a number of teachers was the ability to obtain a leave of absence from their job to attend school. As indicated by their comments on the survey (see Appendix A), and their write-in reasons (Table 9), some health occupations teachers feel that their teaching loads are excessively heavy. Campus instruction and clinical supervision combine to form a time-consuming schedule. A leave of absence, in which total energies could be directed toward earning a higher degree, would seem to motivate a number of teachers to seek the degree. Release time was also suggested as a means of providing more time.

Teachers indicated an interest in programs specifically developed for health occupations teachers, and in a health occupations teacher educator for the State. Perhaps because of the growing number of teachers in the field, an interest in activities designed with health occupations teachers in mind is evident.

Summary of Findings Related to Degree Programs

Of each of the topics concerned with aspects of degree programs for health occupations teachers, a summary of findings revealed that:

1. Teachers want degree programs that are flexible enough to allow evaluation of previous clinical or professional experience for college credit.

2. Teachers would be more interested in pursuing a degree if an institution offering the program were closer or if some courses could be brought to the teacher's area.

3. A need exists for degree programs oriented toward health occupations teachers at both graduate and undergraduate levels.

4. Some reasons offered by teachers for not being able to pursue a degree included lack of finances, lack of time, and lack of goals necessitating a degree.

5. Teachers and supervisors felt that a teacher educator with background and responsibilities in the health occupations would improve teacher training efforts in the field for the State of Washington.

PART 4

ADDITIONAL SUGGESTIONS FOR INSERVICE PROGRAMS

Introduction

Because present health occupations teacher training activities are almost exclusively inservice, a number of items on the mail survey dealt with inservice related topics. Topics included offering credit, involving teachers in workshop planning, and grouping participants for inservice. Teachers' responses provided data for this section of the Report.

Credit for Activities

Of a variety of topics included, teachers reacted most positively to the concept of earning college credit for teacher training activities. Median scores for all teachers on the item was 4.78 on a five point scale (1 = strongly disagree, 5 = strongly agree). A possible response by program planners would be to work toward a system that would allow teachers to earn college credit for appropriate teacher training activities.

Teacher Involvement in Planning

Teachers seem to feel they should have more direct input on the content of inservice workshops. On an item related to this topic on the teachers' survey (Table 11), the median score was 4.14 for total teachers, on a scale where 1 was most negative and 5 was

most positive. A response would be to involve teachers--perhaps different teachers each time--in planning and determining content for inservice activities.

Table 11

Median Scores by Respondent Group for Responses to Items Related to Inservice Programs

Item	Respondent groups: Nursing teachers	Non-nursing teachers	Secondary and VTI teachers	Community college teachers	Total teachers
	Median scores[a]				
Teacher education activities for health occupations teachers should earn college credit that applies towards a degree	4.72	4.86	4.82	4.72	4.78
I would like to have more input on the content of the in-service workshops that are available to me	4.17	4.09	4.24	4.11	4.14
I prefer education opportunities that are specific for teachers in my health occupation	4.09	4.13	4.18	4.09	4.11
I prefer teacher education opportunities in which teachers from various health occupations are grouped together	3.28	2.32	3.40	3.27	3.30

[a]Derived from the following scale used on the survey instrument:
1 = Strongly disagree
3 = Neutral
5 = Strongly agree

Grouping of Inservice Participants

Teachers were asked whether they preferred activities where instructors from various health occupations were grouped together, or activities that were specific for teachers in the respondent's particular health occupation. Responses were positive for both choices, although median scores were somewhat higher for the segregated activities (Table 11). One alternative would be to offer some inservice activities in which participants are segregated by occupation, and others in which all health occupations teachers participate as a group.

Discussion of Related Results

A summary of teacher responses to items dealing with inservice activities is presented in Table 11. While median scores for all items indicate positive responses by each subgroup (median scores greater than 3.00 were considered positive), some items elicited a more positive reaction than others. The item to which teachers responded most favorably was getting college credit for teacher training activities.

Two items were related to the topic of how participants should be grouped for inservice activities. Responses to both items were favorable, but in each case responses were more favorable for activities in which teachers were segregated by occupation.

Summary of Findings Related to Inservice Programs

Results of teachers' responses on the mail survey to items dealing with inservice programs revealed that:

1. Teachers wanted to be able to earn college credit for teacher training activities.

2. Teachers felt they should have more direct input on the content of inservice workships.

3. Teachers reacted positively to activit[illegible] where teachers from various health occupations were g[illegible]uped together, and to activities specific to teache[illegible] in each health occupation (with a slight preference for the latter).

PART 5

INSTITUTIONS OFFERING DEGREE PROGRAMS

Introduction

While there are no degree programs in the State of Washington that are specifically designed for health occupations teachers, many institutions in the State have programs that are reasonably appropriate for such teachers who are interested in pursuing a degree.

One of the original objectives of the research underlying this Report was to compile a listing of degree programs throughout the State which would be of interest to health occupations teachers. The focus was to be on those programs, both graduate and undergraduate, that would increase the teacher's educational expertise and, at the same time, result in a degree. That objective was found to be unfeasible. With the time and resources available, it was found that collecting complete and accurate information from each institution of higher education in the State was not possible. The information varied considerably, depending on which department and/or individual was contacted. Telephone interviews indicated a high degree of development, updating, and modification of programs already in progress. It became apparent that any resulting description of programs would soon be outdated. As a result, a listing of programs was not attempted for this Report. However, nearly every institution contacted[1] had some program--often more than one--that would be appropriate for health

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[1] Personnel at all institutions of higher education listed in the Washington Education Directory were contacted by telephone to gather data.

occupations teachers. Contacts at many of these same institutions indicated an interest in health occupations teachers, reflected in a willingness to adapt existing programs to meet teachers' individual needs. Some of the schools already offered innovative programs that allowed college credit for prior experience.

Depending on the teacher's interests, background, and career goals, appropriate programs exist in education (general), adult and/or continuing education, guidance and counseling, administration, vocational-technical (or occupational) education, and higher education. Some schools offer degrees in various health sciences, with options in education.

Table 12 lists names and locations of institutions contacted in gathering data for this part of the report. Teachers interested in pursuing a degree are encouraged to contact a number of schools--to "shop around"--to find an institution and program that meets their needs and interests.

Table 12

Institutions of Higher Education in Washington State
Offering Degree Programs of Interest to
Health Occupations Teachers

Name	Location
NORTHWEST SECTION	
Western Washington University	Bellingham
PUGET SOUND SECTION	
City College	Seattle
Seattle Pacific University	Seattle
Seattle University	Seattle
University of Washington	Seattle
WEST CENTRAL SECTION	
Pacific Lutheran University	Tacoma
Prometheus College	Tacoma
University of Puget Sound	Tacoma
SOUTHWEST SECTION	
The Evergreen State College	Olympia
St. Martin's College	Olympia
NORTHEAST SECTION	
Eastern Washington University	Cheney
Fort Wright College	Spokane
Gonzaga University	Spokane
Whitworth College	Spokane
SOUTHEAST SECTION	
Central Washington University	Ellensburg
Walla Walla College	Walla Walla
Whitman College	Walla Walla

Summary of Findings Related to Institutions Offering Programs

While no programs designed specifically for health occupations teachers exist in Washington at the present time, a number of related degree programs are available. A telephone survey of higher education institutions in the State brought to light a variety of schools--in all parts of the State--that offer at least one program of interest to health occupations teachers. These schools and their locations are listed in Table 12.

PART 6

A PROFILE OF HEALTH OCCUPATIONS TEACHERS IN WASHINGTON STATE

Introduction

This section of the Report was created to provide background information related to health occupations teachers in Washington State. For the first time, data concerning teachers from the broad spectrum of health occupations are available for all three levels of public vocational education in Washington: community college, vocational-technical institute (VTI), and secondary school. The information, derived from responses to a mail survey sent to all health occupations teachers in the State, is presented in four major parts:

1. Present teaching assignment
2. Demographic information
3. Teaching and non-teaching work experience
4. Past, present, and future education

Present Teaching Assignment

When viewed as a group, the majority of health occupations teachers in Washington were found to be employed at the community college level, teaching fulltime, and teaching in a nursing related program. Following the general population trend, most teachers were employed in schools west of the Cascade Mountains.

Table 13 presents figures for teachers' occupational area of teaching assignment. Nearly two thirds (65.2%) of the teachers

reported their assignment to be in nursing, 12.2% in dental related fields, and 22.6% in other health fields.

Table 13

Teachers' Area of Teaching Assignment

Health occupations area	Frequency[a]	Percent
Associate degree nursing	106	31.4
Vocational practical nursing	67	19.9
Nurses's assistant	38	11.3
Dental hygiene	24	7.1
Dental assisting	14	4.2
Radiologic technology	10	2.9
Medical records technology	7	2.1
Mental health	7	2.1
Respiratory therapy	7	2.1
Medical lab technology	6	1.8
Operating room technology	1	0.3
Other nursing	9	2.6
Other dental	3	0.9
Other health occupations	38	11.3
	337	100.0

[a]Because multiple responses were possible, total frequency (n=337) was greater than total response (n=281).

Teachers' employment status is detailed in Table 14. Approximately 10% (9.7%) taught at the secondary level, 12.6% in VTI programs, and 77.7% in community college programs. Except at the secondary level, the majority of teachers were employed fulltime.

Table 14

Teachers' Type and Degree of Institutional Employment

Employment status	Frequency	Percent
Community college		
Fulltime	141	50.7
Parttime	75	27.0
Total community college	216	77.7
Secondary school		
Fulltime	11	3.9
Parttime	16	5.8
Total secondary school	27	9.7
Vocational-technical institute		
Fulltime	25	9.0
Parttime	10	3.6
Total vocational-technical institute	35	12.6
Grand total	278	100.0

The six divisions utilized by the State Board for Community College Education were used to define the geographic location of teachers' employment (Table 15). Nearly three fourths (73.6%) of the total teachers were employed in locations west of the Cascade Mountains. When analyzing teacher subgroups, the proportions of teachers employed on either side of the State were found to vary somewhat. For example, nursing teachers west of the Cascades made up 69.8% of the total nursing teachers, whereas of the total non-nursing teachers, 81.1% were employed west of the Cascades.

Table 15

Percent of Responses to Geographic Location by Respondent Group

Geographic Teaching Location	Respondent groups				
	Nursing teachers (n=179)	Non-nursing teachers (n=102)	Secondary and VTI teachers (n=62)	Community college teachers (n=219)	Total teachers (n=281)
	Percent				
Northwest section (includes districts for Everett, Edmonds, Skagit and Whatcom community colleges)	8.9	10.0	14.5	7.7	9.3
Puget Sound section (includes Bellevue, Green River, Highline, Seattle Central, North Seattle, South Seattle and Shoreline community college districts)	31.3	36.7	24.2	35.7	33.1
West central section (includes Fort Steilacoom, Olympic, Peninsula, and Tacoma community college districts)	15.1	24.4	30.6	14.6	18.2
Southwest section (includes Centralia, Clark, Grays Harbor, Lower Columbia, and Olympia Technical community college districts)	14.5	10.0	9.7	14.0	13.0
Northeast section (includes Big Bend, Spokane, Spokane Falls, and Wenatchee Valley community college districts)	12.3	8.9	9.7	11.6	11.2
Southeast section (includes Columbia Basin, Walla Walla, and Yakima Valley community college districts)	17.9	10.0	11.3	16.4	15.2
Total	100.0	100.0	100.0	100.0	100.0

Demographic Information

A minimum of demographic information was requested of survey respondents for this study--only sex and age were included. A breakdown of health occupations teachers' age by teacher subgroup is presented in Table 16. Using median age as a guide, non-nursing teachers were found to be younger than nursing teachers, and community college teachers slightly younger than secondary and VTI teachers. As is true for health occupations workers in general, the greatest majority of teachers were female (Table 17). The dominance of female teachers was most noticeable in nursing (97.7%), and least for non-nursing teachers (82.1%).

Table 16

Percent and Median Scores of Teachers' Age by Respondent Group

	Respondent groups				
	Nursing teachers (n=179)	Non-nursing teachers (n=102)	Secondary and VTI teachers (n=62)	Community college teachers (n=219)	Total teachers (n=281)
Age category	Percent				
Less than 30 years (1)[a]	7.9	24.2	4.8	16.0	13.4
30-39 years (2)	26.0	37.3	25.8	31.1	29.9
40-49 years (3)	35.0	16.5	30.6	28.1	28.7
50-59 years (4)	26.6	19.8	28.6	19.9	24.3
60 or more years (5)	4.5	2.2	0.0	4.9	3.7
Total	100.0	100.0	100.0	100.0	100.0
Median scores	2.94	2.38	3.03	2.66	2.73
Approximate median age	39	33	40	36	37

[a]Numbers in parentheses refer to coding scheme used to derive median scores.

Table 17

Teachers' Sex by Respondent Group

	Respondent groups				
	Nursing teachers (n=179)	Non-nursing teachers (n=102)	Secondary and VTI teachers (n=62)	Community college teachers (n=219)	Total teachers (n=281)
Sex	Frequency/percent				
Female	171/97.7	74/82.2	56/91.8	189/92.6	245/92.5
Male	4/2.3	16/17.8	5/8.2	15/7.4	20/7.5
Total[a]	175/100.0	90/100.0	61/100.0	204/100.0	265/.00.0

[a]Refers to total responses for this item.

Teaching and Non-teaching Work Experience

Four kinds of items related to work experience were included on the teachers' survey: total teaching experience, teaching experience by educational level, non-teaching work experience, and future plans for teaching in the health occupations.

As can be seen in Table 18, nurses as a group had greater total teaching experience than non-nurses. When compared by institutional level, the experience of secondary and VTI teachers was found to be almost the same as that of community college teachers.

Table 18

Percent and Median Scores of Total Years of Teaching Experience by Respondent Group

Years of teaching experience	Respondent groups				
	Nursing teachers (n=179)	Non-nursing teachers (n=102)	Secondary and VTI teachers (n=62)	Community college teachers (n=219)	Total teachers (n=281)
	Percent				
One year (1)[a]	5.6	11.0	9.7	6.7	7.4
2-3 years (2)	11.2	22.0	12.9	15.4	14.8
4-10 years (3)	46.9	51.6	46.8	49.0	48.5
11-20 years (4)	30.2	13.2	27.4	23.6	24.4
More than 20 years (5)	6.1	2.2	3.2	5.3	4.9
Total	100.0	100.0	100.0	100.0	100.0
Median scores	3.20	2.74	3.02	3.05	3.07
Approximate median years of teaching experience	5	3	4	4	4

[a]Numbers in parentheses refer to coding scheme used to derive median scores.

Table 19 reveals the amount of teaching experience at various educational leveles by teachers in each subgroup. While the greatest frequency of teachers reported teaching experience at the community or junior college level, significant numbers also indicated experience at the secondary, VTI, and 4-year institution levels. A large number of teachers reported teaching experience in hospitals or other clinical facilities. Only a few teachers reported teaching experience at the elementary level or in the military. "Other" types of teaching experience reported included adult and continuing education.

Table 19

Median Scores of Responses to Years of Teaching Experience by Educational Level, by Respondent Group

Educational Level of Teaching Experience	Median Years of Teaching Experience[a]				
	Nursing teachers (n=179)	Non-nursing teachers (n=102)	Secondary and VTI teachers (n=62)	Community college teachers (n=219)	Total teachers (n=281)
Elementary school	2.25(7)[b]	1.50(2)	1.50(6)	3.00(3)	2.25(9)
Secondary school	1.77(32)	1.50(8)	1.57(27)	1.86(13)	1.71(40)
Public vocational school or institute	2.54(27)	2.00(14)	2.27(27)	2.36(14)	2.31(41)
Community or junior college	2.29(133)	1.84(74)	1.50(10)	2.16(197)	2.13(207)
4 year college or university	1.62(28)	1.33(10)	1.33(5)	1.56(33)	1.50(38)
Military	1.50(4)	1.67(7)	2.00(4)	1.38(7)	1.62(11)
Hospital or other clinical facility	1.74(73)	1.40(18)	1.35(17)	1.74(74)	1.67(91)
Other	1.83(8)	1.33(5)	1.33(5)	1.75(8)	1.60(13)

[a]Derived from the following scale:
1 = 1 - 2 years
2 = 3 - 6 years
3 = 7 - 12 years
4 = 13 = 19 years
5 = 20 + years

[b]Numbers in parentheses within the table refer to the total number of teachers indicating teaching experience for the category. Because multiple responses were possible, the total number of responses in each column is greater than the total n for each subgroup.

The health occupations teachers' years of non-teaching work experience in their area of health specialty are detailed in Table 20. Nurses can be seen to have more work experience than non-nurses, and secondary and VTI teachers more experience than community college teachers.

Table 20

Percent and Median Scores of Years of Non-teaching Work Experience in Teachers' Area of Health Specialty by Respondent Group

Years of non-teaching work experience	Respondent groups				
	Nursing teachers (n=179)	Non-nursing teachers (n=102)	Secondary and VTI teachers (n-62)	Community college teachers (n=219)	Total teachers (n=281)
	Percent				
Less than one year (1)[a]	0.0	4.4	0.0	1.9	1.5
1-3 years (2)	11.3	15.4	9.8	13.5	12.7
4-6 years (3)	35.6	35.1	24.6	38.6	35.4
7-10 years (4)[b]	6.2	3.3	3.3	5.8	5.2
11-20 years (5)	33.9	26.4	41.0	28.6	31.3
More than 20 years (6)	13.0	15.4	21.3	11.6	13.9
Total	100.0	100.0	100.0	100.0	100.0
Median scores	4.00	3.36	4.80	3.39	3.57
Approximate median years of experience	7	5	9	5	5

Note. At the community college level, some of the instructors teaching health-related subjects are not considered vocational teachers and do not require vocational certification. As a result, some of these teachers have less than the two years of work experience required of vocational teachers.

[a]Numbers in parentheses refer to coding scheme used to derive median scores.

[b]This category (7-10 years) was inadvertently omitted from the survey instrument, but a number of respondents wrote in the response.

When teachers were asked about their future plans for teaching in the health occupations, their responses were nearly the same within each subgroup (Table 21). More than half of the respondents in each subgroup revealed plans to teach more than 6 years. Fewer than 7% of the teachers in any category indicated they had no plans for teaching in the future.

Table 21

Percent and Median Scores of Future Plans for Teaching in the Health Occupations by Respondent Group

Future plans	Respondent groups				
	Nursing teachers (n=179)	Non-nursing teachers (n=102)	Secondary and VTI teachers (n-62)	Community college teachers (n=219)	Total teachers (n=281)
	Percent				
None (1)[a]	5.1	4.5	6.5	4.4	4.9
Plan on teaching less than 1 year (2)	1.7	0.0	0.0	1.5	1.1
Plan on teaching 1-2 more years (3)	14.2	11.2	6.5	15.3	13.2
Plan on teaching 3-6 more years (4)	24.4	32.6	35.4	24.6	27.2
Plan on teaching more than 6 years (5)	54.6	51.7	51.6	54.2	53.6
Total	100.0	100.0	100.0	100.0	100.0
Median scores	4.22	4.27	4.26	4.23	4.57
Approximate median years of future teaching plans	5	5	5	5	5

[a]Numbers in parentheses refer to coding scheme used to derive median scores.

Further analysis of teachers' future teaching plans indicated a relationship with two factors: (1) years of total teaching experience, and (2) present educational level. As shown in Table 22, teachers with three or less years of experience (columns 1 and 2) indicated plans for fewer years of continued teaching than those teachers with four or more years of experience (columns 3-5). In Table 23, it can be seen that, in general, teachers with the lowest educational levels (columns 1 and 2) had the least desire to continue teaching 3 or more years.

Table 22

Comparison of Teachers' Plans for Future Teaching by Total Years of Teaching Experience

Future plans for teaching	Total Years of Teaching Experience						
	One year	2 to 3 years	4 to 10 years	11 to 20 years	More than 20 years	No response	Row t
one	1 5.0 0.4	3 7.5 1.1	5 3.8 1.8	3 4.5 1.1	1 7.7 0.4	0 0.0 0.0	13 4.6
lan on teaching less than 1 year	1 5.0 0.4	1 2.5 0.4	0 0.0 0.0	1 1.5 0.4	0 0.0 0.0	0 0.0 0.0	3 1.1
lan on teaching 2 more years	3 15.0 1.1	8 20.0 2.8	19 14.5 6.8	3 4.5 1.1	2 15.4 0.7	0 0.0 0.0	35 12.5
lan on teaching 3-6 more years	5 25.0 1.8	13 32.5 4.6	28 21.4 10.0	19 28.8 6.8	6 46.2 2.1	1 9.1 0.4	72 25.6
lan on teaching more than 6 years	10 50.0 3.6	13 32.5 4.6	77 58.8 27.4	38 57.6 13.5	4 30.8 1.4	0 0.0 0.0	142 50.5
o response	0 0.0 0.0	2 5.0 0.7	2 1.5 0.7	2 3.0 0.7	0 0.0 0.0	10 90.9 3.6	16 5.7
Column total	20 7.1	40 14.2	131 46.6	66 23.5	13 4.6	11 3.9	281 100.0

Table 23

Comparison of Teachers' Plans for Future Teaching by Their Present Educational Level

Future plans for teaching	Present Educational Level: Hosp.prog. grad.	2 yr. assoc. degree	2 to 4 yr. col.	4 yr. col. degree	Masters degree	Post Mast. & other	No. Resp.	Row Total
None	1 4.5 0.4	1 10.0 0.4	0 0.0 0.0	7 7.7 2.5	2 2.4 0.7	2 4.1 0.7	0 0.0 0.0	13 4.6
1 year	0 0.0 0.0	0 0.0 0.0	1 2.8 0.4	0 0.0 0.0	2 3.4 0.7	0 0.0 0.0	0 0.0 0.0	3 1.1
1-2 years	6 27.3 2.1	2 20.0 0.7	5 13.9 1.8	10 11.0 3.6	6 10.3 2.1	6 12.2 2.1	0 0.0 0.0	35 12.5
3-6 years	7 31.8 2.5	2 20.0 0.7	11 30.6 9.6	27 29.7 4.6	13 22.4 4.6	11 32.4 3.9	1 7.1 0.4	72 25.6
6+ years	8 36.4 2.8	5 50.0 1.8	18 50.0 6.4	45 49.5 16.0	33 56.9 11.7	30 61.2 10.7	3 21.4 1.1	142 50.5
No Resp.	0 0.0 0.0	0 0.0 0.0	1 2.8 0.4	2 2.2 0.7	2 3.4 0.7	0 0.0 0.0	11 78.6 3.9	16 5.7
Column total	22 7.8	10 3.6	36 12.8	91 32.4	58 20.6	49 17.4	14 5.0	281 100.0

Past, Present, and Future Education

Several items on the teachers' mail survey requested information about educational level and plans. Items included highest educational level, work towards a higher degree, degree being pursued, and enrollment in a professional improvement activity.

Teachers were asked about two aspects of their educational background: (1) highest educational level when they first started teaching, and (2) present educational level. The figures in Table 24 reveal that as a rule, nursing teachers and community college teachers both began their teaching careers with more education than their non-nursing or secondary/VTI counterparts. Teachers in all subgroups raised their median educational level to approximately the same degree (from one educational level to the next), with the exception of secondary and VTI teachers, who showed a greater gain than most.

Table 24

Percent and Median Scores of Teachers' Highest Educational Level, Both When They First Started Teaching and Their Present Level, by Respondent Group

Highest educational level	Respondent groups				
	Nursing teachers (n=179)	Non-nursing teachers (n=102)	Secondary and VTI teachers (n=62)	Community college teachers (n=219)	Total teachers (n=281)
	Percent				
Hospital Program Graduate (1)[a]	19.6/10.1[b]	11.8/3.9	41.9/24.2	9.6/3.2	16.7/7.8
Two Year Associate Degree (2)	2.8/0.6	12.7/8.8	4.8/3.2	6.8/3.7	6.4/3.6
More than 2, less than 4 years college (3)	5.0/7.8	17.6/21.6	9.9/16.1	9.6/11.9	9.6/12.8
Four year college degree (4)	43.1/32.4	52.0/34.1	27.5/29.4	33.9/40.3	45.7/30.1
Master's degree (5)	17.3/27.4	2.9/8.8	3.2/4.8	14.6/13.2	12.1/20.6
Post-master's degree credit (6)	1.7/16.2	0.0/2.9	0.0/4.8	14./13.2	1.1/11.4
Doctorate (7)	0.0/0.0	1.0/1.0	0.0/0.0	0.5/0.5	0.4/0.5
Other	1.7/0.0	14.7/9.8	4.8/3.2	6.8/6.4	6.4/5.7
No response	0.0/0.6	11.8/13.7	1.6/3.2	5.0/6.0	4.3/5.3
Median scores	3.92/4.37	3.19/3.63	2.50/3.58	3.90/4.33	3.78/4.13

[a]Numbers in parentheses refer to coding scheme used to derive median scores.

[b]First number represents level when they first started teaching/second represents present level.

The number of teachers presently working toward a higher degree was overone fourth of the total teachers (26.7%). Among the subgroups, non-nurses reported a higher percentage than nurses (34.5% compared with 22.7%), and community college teachers a slightly higher percentage than secondary and VTI teachers. The figures are given in Table 25.

Table 25

Percent of Teachers Presently Working Toward a Degree by Respondent Group

Respondent groups				
Nursing teachers (n=179)	Non-nursing teachers (n=102)	Secondary and VTI teachers (n=62)	Community college teachers (n=219)	Total teachers (n=281)
Percent				
22.7	34.5	24.1	27.5	26.7

Of those teachers pursing a higher degree, the degree being sought varied by teacher subgroup. The figures in Table 26 reveal that the greatest number of nursing teachers were pursuing a master's degree (50%) followed by those working toward a bachelor's (31.6%). In the case of non-nurses, the figures were 34.5% for both the master's and bachelor's. Another 24.1% of the non-nurses pursuing a degree were working towards an associate degree, 3.5% toward a doctorate, and 3.4% toward other degrees. Community college teachers working towards degrees were found to be pursuing the master's (47.1%), bachelor's (26.4%), associate (13.2%), and doctoral degrees (11.3%), in that order. Secondary and VTI teachers were pursuing bachelor's (57.1%), master's (28.6%), and associate degrees (14.3%).

Table 26

Percent of Responses for Degrees Being Pursued by Teachers, by Respondent Group

	Respondent groups				
	Nursing teachers (n=179)	Non-nursing teachers (n=102)	Secondary and VTI teachers (n=62)	Community college teachers (n=219)	Total teachers (n=281)
Type of degree	Percent				
Associate	5.2	24.1	14.3	13.2	13.4
Bachelor's	31.6	34.5	57.1	26.4	32.8
Master's	50.0	34.5	28.6	47.1	43.3
Doctorate	13.2	3.5	0.0	11.3	9.0
Other	0.0	3.4	0.0	2.0	1.5
Total	100.0	100.0	100.0	100.0	100.0

Most of the teachers who reported that they were pursuing a degree also indicated which institution they were attending. Table 27 lists the percent of attendance by institution.

Table 27

Institutions Where Degrees Are Being Sought
by Washington Health Occupations Teachers

Institution name	Institution location	Percent of teachers pursuing degrees (n=66)
PUBLIC COLLEGES AND UNIVERSITIES: WASHINGTON		
Central Washington University	Ellensburg	15.2
Eastern Washington University	Cheney	6.1
The Evergreen State College	Olympia	1.5
University of Washington	Seattle	12.1
Washington State University	Pullman	1.5
Western Washington University	Bellingham	1.5
PRIVATE COLLEGES AND UNIVERSITIES: WASHINGTON		
City College	Seattle	4.5
Fort Wright College	Spokane	3.0
Pacific Lutheran University	Tacoma	1.5
Seattle University	Seattle	3.0
University of Puget Sound	Tacoma	3.0
PUBLIC COMMUNITY COLLEGES: WASHINGTON		
Columbia Basin College	Pasco	1.5
Olympia Technical Community College	Olympia	1.5
Seattle Central Community College	Seattle	4.5
Shoreline Community College	Seattle	1.5
Spokane Community College	Spokane	1.5
OUT OF STATE INSTITUTIONS		
Brigham Young University	Provo, Utah	1.5
Loma Linda University	Loma Linda, California	1.5
Old Dominion University	Norfolk, Virginia	1.5
Portland State University	Portland, Oregon	1.5
University of British Columbia	Vancouver, B.C.	3.0
University of Oregon	Eugene, Oregon	1.5
University of Portland	Portland, Oregon	1.5

The greatest majority of teachers within each subgroup reported that they were presently enrolled, or anticipated enrolling within the school year, in a professional improvement course, workshop, or seminar (Table 28). More than 80% of the teachers in each subgroup gave a positive response to the item.

Table 28

Percent of Responses for Present or Anticipated Enrollment in a Professional Improvement Course, Workshop, or Seminar, by Respondent Group

Respondent groups				
Nursing teachers (n=179)	Non-nursing teachers (n=102)	Secondary and VTI teachers (n=62)	Community college teachers (n=219)	Total teachers (n=281)
Percent				
89.2	82.7	91.1	85.9	87.1

Reasons given by teachers for enrolling in some type of professional improvement activity are detailed in Table 29. Reasons considered most important by teachers included to gain information for job and personal enrichment. Other reasons considered important were certification, advancement on salary schedule, and job protection. Additional reasons offered by teachers included keep up to date in the field and requirement for membership in profession.

Table 29

Median Scores of Responses to Reasons for Enrolling in a Professional Improvement Activity, by Respondent Group

Reasons for enrolling in a professional improvement course, workshop, or seminar	Respondent groups				
	Nursing teachers (n=179)	Non-nursing teachers (n=102)	Secondary and VTI teachers (n=62)	Community college teachers (n=219)	Total teachers (n=281)
	Median scores[a]				
Certification	4.00[a]	4.54	4.78	3.79	4.20
Personal enrichment	4.85	4.69	4.81	4.80	4.80
Advancement on salary schedule	4.31	3.72	4.36	4.00	4.05
Job protection	3.31	3.61	3.46	3.33	3.36
Gain information for job	4.86	4.87	4.74	4.89	4.86
Other reason	4.83	3.00	1.50	4.80	4.68

[a]Derived from the following scale used on the survey instrument:
1 = not at all important
3 = neutral
5 = very important

Summary of Findings Related to Background, Experience, and Preparation of Health Occupations Teachers

Responses on the mail survey revealed the following information describing health occupations teachers in Washington State:

1. The greatest number of teachers were employed fulltime at the community college level, taught in nursing related programs, and were employed in schools located west of the Cascade Mountains.

2. The median age of all teachers was 37 years, and more than 90% were female.

3. As a group, teachers had about four years of teaching experience, and reported teaching experience most frequently at the community/junior college level and/or in clinical facilities.

4. The median amount of non-teaching work experience in their health occupation field was about 5 years.

5. More than half of all teachers revealed plans to continue teaching for more than 6 years. Teachers with the least teaching experience and lowest level of education showed the least interest in future long-term plans for teaching.

6. Most teachers had advanced about one degree level between the time they first started teaching and the time they completed the survey. Using median figures, teachers advanced from less than a 4 year degree to more than a 4 year degree during that time period.

7. More than one fourth of teachers were pursuing a degree at the time of the survey. Most of them were working towards a master's or bachelor's degree at one of Washington's public institutions of higher education.

8. Nearly 90% of the teachers were enrolled, or planned to enroll during the school year, in a professional improvement course, workshop, or seminar. The most frequent reasons cited for enrollment were to gain information for their job and personal enrichment.

For all topics included in the profile of health occupations teachers, differences among subgroups (community college teachers, secondary/VTI teachers, nursing teachers, and non-nursing teachers) were presented and discussed.

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APPENDIX A

SELECTED COMMENTS FROM RESPONDENTS TO THE MAIL SURVEY

SELECTED[2] COMMENTS FROM RESPONDENTS TO THE MAIL SURVEY

Suggestions for Content

1. I would personally like to see some workshops offered on (1) evaluating students, (2) methods of experientially facilitating students' learning in the clinical setting and (3) ways of integrating what we know about how people learn into our teaching practices.

2. The problem with courses offered so far is that the title sounds great--but if you've already been teaching a year or two, the content is too elementary.

3. Would like to see more integration of educational principles as they relate to health occupations. I feel the methodology which is useful/successful in teaching health related courses is not always "educationally" verified. Because health related education requires a large amount of practical and clinical skills, I would like to see more workshops, etc., designed to update health teachers clinical skills. It would also be helpful to have better cooperation between all the agencies offering continuing and higher education.

4. Classes to acquaint clinical instructors in nursing programs with new technological advances and use of new equipment for teaching purposes and new equipment in use in hospital settings.

5. A general overview of current changes in nursing and job opportunities in the nursing field in the geographic area of Washington would be helpful.

   It would be helpful to be kept updated on health agencies that have recently come into existance or have had to discontinue in our geographic locations. Health delivery systems are changing so much with dependence on funding that this updated information would be helpful.

6. I would be interested in developing more counseling skills. In addition, I would also like short courses which would keep us supplied with changes and current information on our professional skills as well as teaching.

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[2]Selections were made in order to include comments most pertinent to program planning. Comments were edited in come cases to prevent identification of respondents or to eliminate criticism that seemed excessively negative, rather than constructive. Comments about the survey or the instrument were also eliminated from this list.

7. We need courses specifically related to course content and organizaton!

8. Need: More objective evaluation of clinical performance of students in the form of a written tool, and improved skills in conducting individual evaluation conferences with students that are effective for growth, as well as skill in teaching students how to constructively participate in evaluation conferences.

   In summary we need a better clinical performance evaluation tool and better skills in communicating these results to students.

9. Counseling skills and approaches. Attempts to keep abreast with continual change that occurs in education and nursing.

10. Workshops on evaluating students' behavior; i.e. evaluating certain values or, if possible, trying to instill or create certain values.

11. I feel very strongly that there is a great need for instructional material relating to course content. This includes audio and visual aids developed by the individual instructor for his/her particular cour e.

12. There are seminars offered for registered nurses, pharmacists, etc. for which they pay a fee (the ones who attend). They receive a certificate of achievement or continuing education credit. I have attended many of these seminars on subjects such as nursing homes, emergency nursing, arthritis, diabetes, law and medicine. I believe we as vocational health teachers should receive credit for these. They are the only classes I have attended since beginning as a vocational teacher, that really apply directly to the clinical work and updated medicine and nursing which makes me feel I am a more competent teacher.

13. I am not sure what you refer to by the terms "teacher education activities for health occupations". There are many fine inservice type programs that are provided by many different groups. They meet my needs more than most regular college classes, with the same planning and content as a college course, however, they are not recognized by the colleges and being comparable. I would like to see CERP approved conferences, seminars, etc., be accepted the same for the same amount of work as college classes are.

    My personal needs are to remain competent in my area and current on the latest.

14. Admissions--methods and test.

15. My greatest need at the moment is a good tool for clinical evaluation.

16. The information presented needs to be of high quality and relevant to each person's field of interest.

17. Yes--the need for training should be in areas that the person is teaching, with fewer requirements for general units.

18. I am committed to excellence in teaching and support :

    a. Preparation in education courses prior to teaching.

    b. Recent and on-going clinical experience as necessary to good teaching and knowledge of field.

    c. Ongoing continuing education.

19. Courses specific to leadership skills; courses specific to understanding and coping with the politics of community college systems are needed.

    Support of state leaders to assist instructors to be able to attend educational opportunities while contracted. Our community college administration utilizes every available means to restrict travel.

    Cooperation between community college and state regulating bodies such as state Board of Nursing. Community college administrators are consistently in conflict with standards of nursing educators.

20. I do feel it is important that I am not concerned with just Health Occupations and should be aware of other vocational fields and the classes I have taken I learned a great deal more by having students from all walks of life learning to teach in a vocational school.

21. 1. (Vocational) health education instructor workshops during summer for undergraduate credit.

    2. Time management course for health occupations instructors.

22. I feel well qualified as a health professional. What would be helpful is basic skills in teaching, such as methods, tools, resources, specific objectives and guidelines.

    Another area of interest is--the trends in vocational health education.

23. 1. The Industrial Safety and Hygiene Courses required for health occupations teachers is inappropriate.

    2. In reference to the questions on page 1: I do not believe it is necessary to offer university programs specifically for health occupations teachers. However, the content of the courses offered should be generalized to show its appropriateness to all areas. Learning theories are not based on a subject area--college instructors tend to apply them in a more narrow area.

24. I would like to see something offered on how a teacher should behave and react in the classroom. Being very new at this and wondering how to approach a classroom of 50 eager faces, I have wished many times someone would help new teachers how to teach. I think writing objective, etc. is quite easy. How do you reach the passive students, how do you react to the agressive, agrumentative students, how casual should you be/not be.

Suggestions for Format

1. 1. Inservice education in each section of the state once per month or per 6 weeks or per quarter.

   Friday evening, Saturday a.m.--with groups working on specific objectives for their programs.

   2. Workshop--1 per quarter on new techniques/ideas etc., e.g. visual aids, test construction.

   3. Workshop on self esteem--motivation, etc. Strategies in teaching, how students learn, conceptual development of curriculum.

2. Believe state office is making attempts at inservice short term sessions, probably best appraoch.

   Curriculum should be based on health occupations field needs plus community related needs.

3. On the east side of the State, W.S.U. needs to have a masters program in nursing to prepare teachers.

   Also important is to have career ladder program to B.S.N. degree for L.P.N.s and A.D.N. nurses that is realistic as this seems to be the trend toward B.S. in nursing for professional R.N.s. In fact, often the best nurses have started out as L.P.N. → A.D.N. → B.S.N. and the way it is now they are punished (credit wise, time wise, money wise) by going this route--not fair!

   The answer is not for all students to begin at four year schools, because everyone can't get in due to enrollment limits. Also many people need small successes (i.e. L.P.N. and A.D.N.) before attempting a B.S.N. and what is the matter with that? Also, often problems with money disallow a four year obligation.

4. Extend the four year and vocational training to the community college campus under the leadership of the four year institutions. Financial burden would be less on the instructor and more time could be spent learning (offer off-campus classes at community colleges).

5. It would be to our advantage to have an educational program for a masters degree in Occupational Education at one of the schools (4 year) in the immediate Spokane area. Classes for certification for vocational teachers who have their Baccalaureate degree should be available also at one of the four year schools.

6. 1. An Intern Doctoral or Master's Program in Health Occupations similar to the Brigham Young University program for education would be very helpful.

   2. Short term workshops should bring more of the new trends and innovative ideas to health occupations instructors.

7. Need criteria for evaluating educational courses that the instructor has taken to be applied toward certification. Vocational teaching courses being offered and made mandatory for certification are deadly to a person with a masters degree in education.

8. When I first became an instructor we had Friday night and Saturday workshops, which were very well attended, and appeared to meet the needs of many instructors. Often the comparison of programs on an informal, social basis was as valuable as the formal material presented. Review of new textbooks was another popular program (some ten years ago!!).

9. I think the state should recognize inservice/professional credits obtained on the same weighting scale--as college credit.

   Example: CERP credits as approved by WSNA, 10 credit hours = 1 credit instead of for certification and salary advancement: 40 credit hours = 1 credit. (professional improvement units). Most inservice courses and professional workshops are of more value than college courses in nursing and specialties within nursing!

10. I feel it also important that instructors within specilty areas, somehow, be allowed the time to get together at least twice a year for improving coordinating and sharing in updating of programs.

11. Many of us have extended contracts which prevent us entering summer courses. Would be nice to have shorter summer courses, with fewer credits, offered which would be taken at face value by our PIC board.

12. Would actually depend on how offered. If class meets on weekly or montly basis, weekdays or evenings preferred. If class meets for 2-5 consecutive days--inclusion of Saturday would not be undesirable.

13. Think clinical practice of some type should be required for those teaching.

14. Also I think credit should be given for past education and experience even though short term and not formal perhaps.

15. I think we need programs provided by the district or State that are minimum charge or free. Also I think the programs (teacher education activities) should provide credits towards a teaching degree and/or certificate. They should be offered at decent times and convenient locations.

    Actually, I believe that individual or independent study modules are best for many of us, in the interest of time and travel and money.

16. Health occupations teachers should be given credit for medical practice work experience during summer vacation, weekends, etc. in the form of clock hours applicable to vocational certification. This is one very good, meaningful way of keeping abreast of the rapid changes in medicine thus keeping current as a medical teacher.

17. I feel strongly that courses we take for certification should also give us equal credit towards professional improvement.

18. M.S.N. program offered in summers or as satellite program.

19. Personally I am well prepared for my job here, but obtained my education in the East. I was disappointed to find that the University of Washington does not have a doctoral or Ph.D. program specific to nurses at this time. I would be interested in such a program as well as continuing education courses. With the large number of nursing programs in the Puget Sound areas, there is a need for faculty prepared at the doctoral level. In the Pacific Northwest at this time, a nurse faculty member cannot obtain an advanced degree specific to her field. She must, for instance, get a Ph.D. in physiology, psychology, etc. and somehow fit nursing in.

20. 1. External Degrees would be a <u>great</u> help in this state--particularly for upper graduate level work.

    2. Competencies that most R.N.s have need to have acknowledgement of these competencies and <u>not</u> have to repeat them for a certificate or other "paper" reasons.

<u>Teacher Frustration with Present Teacher Training</u>

1. What is presently being offered is not based upon previous preparation. The fourth repetition of a course on tests and measurements (which does not start where the student is) can be very deadly to instructor interest and use.

   The availability of the school district offerings is great; the quality of content is repetitious for anyone with B.S. or B.A. preparation in their field.

   Thank you for the survey. It was a good opportunity to express ideas which have been much discussed for years.

2. Although the quality of the classes varies considerably, depending on the teacher educator, the O.T.E. courses in Seattle community college district are doing a fair job of meeting our instructor's needs, both for certificate and practical purposes.

3. Concerning the survey. The tone of the questions seems to indicate that we need courses specifically designed for health occupations instructors of which we do not in my opinion as you see by my response to Question 1.

   Health occupations instructors hired for that purpose should already have the technical skills of their trade--instructional skills are like skills and we presently have a somewhat effective system that offers instructional skills through the various units--the only thing I see need for is more workshops.

4. I've found the education courses for teachers very helpful. I would like to be involved in teaching health professionals (such as pharmacists and nurses) teaching assistance courses.

5. I participated in the workshop offered at Moses Lake on writing performance objectives. However, I could not take it for credit because there was no way short of adding days to my time traveled and return in December. Things like that should be done in one time around, especially when we are crossing the mountain ranges either way.

6. My teaching load and college responsibilities are so great that its impossible to take college courses while working. (I tried this year and had to withdraw from the course that met 2 nights a week).

   At the present, I don't have any desire or need to take teacher education classes. I would prefer to take classes that will increase my knowledge in specific areas I teach.

7. Most short courses and/or seminars/workshops do not include the area in which I teach. Most of what I gain is in the area of development of curriculum, utilization of clinical evaluation tools, time management, position image, etc.

8. I hate the present 'module' teacher training program! A person gains very little, due to lack of input and feedback from others participating in class.

9. I have just finished graduate school and all "coursed" out.

10. Workshops held during contracted hours are not credited for Certification. Is learning the goal or leisure time interruption the goal?

11. I feel that the including of instructors in nursing in the vocational certification program is counterproductive. I am made to attend courses that have no meaning for me because I can get college credit needed for certification and must pass up workshops which would increase my proficiency because they count for less credit--haven't time to go to both. I already have 28 hours of college credit in teaching courses--haven't learned anything new from these vocational ones.

12. Course offerings (Units I, II, III) offered through state office have been good to very good. I look forward to more of same.

13. It's been a struggle to convert work experience into credit since Dental Assisting is not a B.A. Curriculum. The Allied Health degree is difficult unless you have an A.A. degree with science background. Its been a real bummer.

14. In my opinion the Vocational Certification program is a nuisance--I've had extensive educational preparation while in graduate school.

15. Have no idea what is being offered other than Kellogg Seminars.

16. My only other feeling is that all community college teachers are forced to take Teacher Training courses 1, 2, and 3, regardless of their educational backgrounds. This is ridiculous. I had to take a long course on how to write objectives when I already had a master's degree in education. Guess what I'm saying is that needs of teachers should be looked at more closely. I love to take classes that give me new information. I resent wasting time on ones that don't.

17. I have attended numerous courses and workshops offered by various institutions and groups and I am very discouraged about teacher education. I rarely receive any good solid information that I can use. Most courses cover material I don't need, material that has little practical value or material that is a rehash of previous material. The best information I have received comes from other teachers working in the health field.

18. Many of the courses required at present have been of little or no value.

19. I feel there is a great need at some of these institutions for preparation time pay for parttime faculty. It's hard to keep good faculty members when they are not adequately compensated for their time.

20. Might take a survey of nursing educators--wonder if many are unhappy with their workload in community colleges. Diploma program was not as heavy workload. This has stifled my plans to work for masters! Yet I love working with students.

    Community college administrators need courses to understand nursing needs and not try to fit us into usual college faculty needs!

21. 1. I get frustrated at the inequity of time and demand on instructors. I <u>love</u> working with the students, but find the combination of student need/papers/getting to-from clinicals to campus/meetings/registration too much. We must put in twice as many clinical hours for F.T.E. credit on paper while in clinicals--no breaks and no paper-grading, of course. And team teaching requires an extra 1-3 hours/week.

    2. To meet education needs--would like time off to go. The state sponsors some workshops and yet our schedules don't seem to allow us time to go (or our administration?). Or perhaps I don't get the <u>feeling</u> it's okay to request time to participate. . . It's felt we should meet our needs on our time, with exceptions being at times when we don't have class or clinical. I think a lot has to do with budget for subs--if we really want to go we could employ a sub, I understand. Do we get results of survey?

    3. I'd like a compromise--my time/money together with that of employers. I'm more than willing to be the more involved, responsible.

22. I feel no great need for increased courses at State level because there is already a large number of courses, workshops, etc. through nursing associates and University of Washington in my area.

23. I have no desire to continue as Health Careers instructor in the future because of the total lack of support by administration (vocational) and unclear definition of class. Doing two jobs as Health Careers instructor and school nurse in impossible. The over-abundance of nursing personnel in the local hospital makes an impossible situation to place students. Liability, patient rights, staff involvement from hospital should be considered before programs are started and I feel this class should be on in the Junior College level, not high school.

24. I find the biggest problems are not with what or how to teach--I feel I do a good job there. The problems arise from the "bureaucracy" (1) figuring F.T.E.'s, (2) the "open door policy" is poor policy for some health courses, especially nursing, (3) what motivates students (or what doesn't), (4) legalities of all kinds, (5) coping!!!

Comments on Needs for Changes and/or Follow-up Activities

1. Advances are being made in the health field, today, very rapidly. It is extremely important that all health educators keep up. To do so means taking time away from the students in the classroom or other learning situations. We really can't afford to do this, therefore, I feel it is important to have more assistance with coverage when an instructor must be gone. This is particularly important for programs with only 1 or 2 instructors.

2. What plans do you have to assist diploma school graduates to obtain B.S.N.'s and M.S.N.'s and still allow them to stay employed in academic settings?

3. I recently (within the past year) moved to Washington State and so have not really experienced problems and/or benefits in educational programs offered to nurses in this area of the country. The Puget Sound area offers a number of continuing education programs for nurses--I have attended two and plan to go to more.

   Last weekend I attended the Washington State Nurses Association convention. Nurses from other parts of the State express enormous frustration because of the unavailability of continuing education programs in their rural areas. Their main concern is that if continuing education becomes mandatory in Washington for R.N. re-licensure, they may not be able to meet the requirements.

4. Any information gathered by State of educational institutions should be distributed for utilization of those involved to avoid duplication of efforts. Possibly through research-reference pamphlets of successful programs.

   I would greatly appreciate this, as I enjoy sharing my information, also.

5. I would like to see nursing education programs limited in size to the needs of the community and students and this decision determined by occupational analysis. Bigger is not better. Jobs are getting scarce, and clinical groups are too large.

6. Just a plea that for once reality be considered when drafting curricula, setting times, getting teachers, etc. So often it is done as a "have to attend".

7. A problem exists for programs relative to obtaining health occupations field sites. It seems on a priority basis--nursing homes/hospitals would rather cater to community colleges or higher education institutions. This makes it difficult in organizing meaningful secondary health programs which require site facilities.

8. I feel that it is necessary for all community colleges to organize their health occupations courses so that the student will be given the most credit possible when they transfer from one community college to the other to pursue a course such as A.D.N.

9. All persons teaching any nursing subject should have a basic degree of a B.S. in Nursing and be working towards a master's in a nursing field or nursing education and administration. Other courses are helpful but do not provide for the specific needs of the nurse in education.

10. Availability of courses, workshops and seminars in nursing has increased tremendously during the last few years. Because mandatory continuing education is soon to be a reality in nursing the increased availability of educational opportunities in all areas of nursing should be pursued.

11. Hope this indicates a desire on the part of the vocational education department to meet needs and keep up with changes in health occupations. My previous experiences with the workshops at best has been very unsatisfactory towards enriching my abilities as an educator.

12. I had difficulty with your questionnaire because nursing faculty are all prepared and must have masters in nursing and good preparation in curriculum development, etc. Faculty in medical and dental assisting are very poorly prepared and need the kinds of things your study alludes to.

APPENDIX B

JOB DESCRIPTION FOR HEALTH OCCUPATIONS TEACHER EDUCATOR

JOB DESCRIPTION FOR HEALTH OCCUPATIONS TEACHER EDUCATOR

QUALIFICATIONS:

1. Earned doctorate.
2. Experience and expertise in a health care service such as physical therapy, nursing, or medical technology.
3. Classroom teaching experience in health occupations education.
4. Administrative and organizational competencies in program development.
5. Ability to interact with and jointly develop cooperative programs with a variety of agencies.

RESPONSIBILITIES: Teach and develop professional education courses at the graduate and undergraduate levels for secondary and postsecondary vocational education personnel. Teach special methods in Health Occupations Education. Advise undergraduate, master, and doctoral students, serve on student committees, contribute to the development of vocational education workshops and seminars. Cooperate in program planning with local education agencies and state offices. Coordinate and continue development of preservice and graduate teacher education programs for health occupations teachers. Conduct research in areas of relevance.